

CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 30, 1985

a Benn publication

PSNC and NPA
'fail profession'
over list say
NI contractors

More clues on
new contract
at Bucks LPC

OTC outlook
after the list

PSNI Fellows
honoured

'5,000 natural
drugs may go'

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LIMITED LIST
SPECIAL FEATURE



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COMMENT

Are the black and white lists the community pharmacist's greatest-ever opportunity — or the greatest-ever threat to his professional role and commercial viability?

In this issue we have gathered together many viewpoints in advance of what will undoubtedly be pharmacy's biggest upheaval since the introduction of the National Health Service. The major interests naturally defend their established positions, but we also have a Personal Opinion by Mr Anthony Peel, a proprietor pharmacist from Huddersfield, who has some harsh words to say about the medicine manufacturers. There can be no doubt that pharmacists are currently uncertain about their future and feel threatened from all sides — by the Government, the medical profession, the industry and competitive outlets. However, while Mr Peel supports the limited list, we believe he fails to realise the adverse impact it may have on medicines distribution, now that many manufacturers have their backs against the wall.

Mr Peel's most significant contribution to the debate is a proposal that the National Pharmaceutical Association should introduce a medicines "approval" scheme for products whose distribution is restricted to pharmacies by the manufacturer. A very similar scheme — that of the Chemists' Federation — was of course ruled against the public interest by the Restrictive Practices Court in 1958. But even without such a hurdle to overcome, this does not seem to be the time to polarise the manufacturers. For, be sure

of one thing — those that are not for us will certainly be against us!

In fact most manufacturers would view Utopia as a world in which all their medicines were sold under a pharmacist's supervision and with a pharmacist's endorsement. The world they see is one in which pharmacies are too unevenly distributed for that to be a commercial proposition — and in which many pharmacists regard generics as the only legitimate subjects for counter-prescribing, even where the branded product may have formulation or other advantages.

So all manufacturers look for a wider distribution network and will watch where the public vote to purchase their medicines in future. And make no mistake, the Government could not care less whether the NHS patient buys cough mixture from the grocer or the chemist, so long as the NHS does not pay for it.

Thus the manufacturers of "P" and previously script-led brands will be under severe pressure. Frankly, their best hope is that pharmacists can establish themselves in the consumer mind as the only place a full choice can be obtained (a cause that this group of manufacturers should consider putting substantial sums of money behind) rather than that two classes of medicine should emerge because the profession dissociates itself from the advertised GSL.

The answer can only be to view each product on its therapeutic merits — in the interests of both the patient and the profession.



NI let down on list by PSNC and NPA

Pharmacy contractors in Northern Ireland believe their objections to the limited list were undermined by the leaders of pharmacy in the United Kingdom who accepted the principle of the list at the outset.

Only the Council of the Pharmaceutical Society of Great Britain and all the pharmaceutical bodies in Northern Ireland totally rejected the imposition of the list from the start, Mr J. Beagon, chairman of the Pharmaceutical Contractors Committee, told 400 of the 500-plus chemist contractors in the Province, meeting in Lisburn recently. He believed both the Pharmaceutical Services Negotiating Committee and the Board of the National Pharmaceutical Association had failed the profession by accepting the principle of the list when they had not been consulted by the Government on either the principle or the content of the list. The NPA Board, in particular, appeared to have given no leadership to the pharmacies it represented.

The profession in the Province did not object to the notion of saving NHS money, but it did object to the lack of consultation — the expected 350 per cent increase in the size of the white list was evidence of that need. But even now Government were, in effect, "prescribing" for patients.

The joint committee representing the Pharmaceutical Society of Northern Ireland, the Ulster Chemists Association and the PCC had objected to the restriction of the clinical freedom of GPs and the creation of a two-tier health service at a meeting with the NI Minister for Health. The Minister had been told that both the likely role of dispensing doctors and the lack of procedure to compensate pharmacists for dead stock after April 1, were inimical to pharmacy.

PCC secretary Mr T. O'Rourke pointed out to contractors some instances of "bureaucratic nonsense" in the list scheme.

A patient for whom a doctor mistakenly wrote "Distalgic" after April would have to rewrite the script in generic form when the patient was directed back to the surgery by the pharmacist. Would it not be very difficult for that pharmacist to explain to the patient why he was still dispensed the blacklisted Distalgic on his return?

Each contractor was given 1,000 blacklist stickers to affix to blacklist drugs

up to April 1, to draw the attention of patients to the scale of the problem. And this week, a newsletter sent out by the Committee explains how pharmacists should take stock of residual blacklist drugs to enable the PCC to make a claim for dead stock. Mr O'Rourke calculates that contractors in the Province could lose around £280,000 in oncost alone, based on the Department's estimate of a £2m saving on NIC in the year ahead.

Blacklist trap?

The DHSS says it will only pay a pharmacist ingredient costs plus extemporaneous fee if he dispenses a blacklist branded proprietary liquid medicine written generically on an FP10 it contains no blacklist ingredients.

PSNC says, according to the Drug Tariff, a pharmacist should be able to endorse brand and pack size (as they will be able to for solid dose forms). However, its advice is that pharmacists should contact the prescriber if they feel unable to extemporaneously dispense an elegant product. A pharmacist could always get his wholesaler to supply a 'special' and be paid accordingly.



Lords pass list measures

The Government's limited list proposals were approved in the House of Lords shortly after midnight last Tuesday.

Lord Kilmarnock, for the SDP, said that although the second list was more acceptable than the first the clinical cover was still not as thorough as suggested.

He argued that the proposals should be withdrawn and that the Government had missed an opportunity for a system of voluntary self regulation. Lord Kilmarnock claimed that the Government had not paid enough attention to correspondence to MPs, other than from people "whipped into signing petitions".

Lord Glenarthur, Health Minister in the Lords, said the list would meet all clinical needs and encourage generic prescribing without seriously diminishing doctors' clinical freedom.

He hoped that those doctors opposed to the list "will not be so irresponsible, as some have threatened, as to demonstrate their opposition by following a policy of uneconomic prescribing. Such misuse of NHS resources would be deplorable."

List publicity to cost £30,000

Publicising the limited list arrangements will cost the Government about £30,000, Health Minister Kenneth Clarke told the Commons last week.

No national advertising is planned. The money has been budgeted to cover the cost of printing explanatory leaflets. The money will come from savings on centrally funded services during 1984-85, Mr Clarke explained, and will not be offset against anticipated savings on the NHS drugs bill during 1985-86.

Ask your Pharmacist

WHAT TO DO WITH YOUR
PRESCRIPTION AFTER 1st APRIL

★ DON'T PANIC

★ DO ASK

FOR ANY REPEAT PRESCRIPTION AT
LEAST A WEEK BEFORE YOU NEED IT
- IN CASE THERE IS A SLIGHT DELAY -

★ DO BE PATIENT

YOUR DOCTOR AND PHARMACIST

Appalled by the lack of consideration given to the patient in the limited list proposals Somerset Branch of the Pharmaceutical Society has produced this poster. Community pharmacies in Somerset will be displaying this poster, which first of all tells patients "Don't panic". It is headed "Ask your pharmacist". The Branch believes pharmacists will be hard pressed reassuring confused and possibly frustrated patients

Appeal silence

The medical profession and the Department of Health are keeping silent over discussions on an appeals procedure for doctors wanting to prescribe blacklisted medicines after April 1.

"We agreed not to say anything until we get to a stage where something breaks down or succeeds", Dr Michael Wilson, chairman of the General Medical Services Committee told *C&D* on Tuesday.

A second meeting was scheduled for late on Wednesday as *C&D* went to Press. "I don't think we will have anything to say after that one, but don't read anything into that," Dr Wilson added.

While discussions continue the BMA's threatened legal action over the legality of the list is in abeyance, Dr Wilson said.

There is speculation that pharmacists will be involved at local level on the appeals committee.

As many at £2?

The £2 per item charge will not reduce the number of prescriptions dispensed in 1985, according to the Government.

When an Opposition attempt to annul the increase was defeated by a majority of 89 in the Commons on Monday, Health Minister Kenneth Clarke estimated that 320 million prescriptions had been dispensed in 1984 and said he did not expect any drop in 1985.

Mr Michael Meacher, Labour's chief spokesman in the debate, said the huge "hype" in the prescription charge could be justified only by the Government's obsession with privatisation and its determination to undermine the principle of the NHS.

More clues on new contract at Bucks LPC

The Government is thinking of closing pharmacies dispensing very small numbers of scripts as part of its new contract package.

PSNC's view is that, should this course of action be taken, then adequate compensation should be paid to such pharmacies, secretary Stephen Axon told Bucks LPC conference.

"Any such proposals must include suitable provision for the establishment and continuation of essential small pharmacies, be they in urban or in rural areas. The whole concept of the essential small pharmacy scheme would have to be looked at afresh."

Mr Axon then reminded the conference of some DHSS views of the remuneration system. The Department was not "enamoured" of the Basic Practice Allowance and had never been enamoured on the oncost system. "Both are seen by the Government to be front loading elements which encourage the establishment of what might be regarded as uneconomic pharmacies."

PSNC was in favour of BPA and, although accepting the principle of a reduction in the oncost, it considered there must be some method to ensure that the high-cost prescription was not dispensed at considerable disadvantage to the contractor.

Both PSNC and DHSS were in favour of a more simplified method of

remuneration, but simplification must not be isolated from fairness. The Committee was concerned pharmacists should continue to receive reimbursement of their costs under the cost-plus contract.

As far as overhead costs were concerned, PSNC was not asking for a blank cheque to extend and to expand pharmacies. "But it is asking for the ability to develop premises in accordance with the actual need of the service," Mr Axon said. "If pharmacy is expected to take on additional roles in the counselling of patients and to explain why patients cannot have every medicine on the NHS, then sufficient space must be dedicated to consultation areas."

PSNC was not opposed to inspection of premises to ensure that unnecessary expansion does not take place.

The net profit formula was being looked at in the new constraint regulations. The formula proposed by Franks and accepted by both sides, was seen to be somewhat cumbersome and in need of review. "It needs to be revamped so as to be understandable and fair to contractors."

Mr Axon said PSNC had agreed with the DHSS that a discount monitoring system should be brought into action although mechanisms have not yet been finalised. The alternative to an "HD" endorsement system was overall discounting whereby the profits received by the few would, of necessity, be clawed back from all contractors. But contractors had not wanted this.

"I am sure you would not expect me to argue that the "HD" endorsement system is a totally satisfactory solution. Indeed we understand that the legality of the arrangement is currently subject to challenge in the courts."

On-cost to get mid-year review?

The DHSS and PSNC may review the new oncost scales, to be applied from April 1, mid-way through the financial year, according to PSNC secretary Stephen Axon.

Mr Axon said it was not easy to forecast script numbers and net ingredient costs for 1985-86 because of changes in NHS pharmacy practice in the year ahead. But he said this should not detract from the principle agreed with the DHSS of annual negotiations.

The new oncost scale showed an overall reduction of approximately 0.5 per cent across the board. There was a slight "kink" in the graph at around the 2,000 prescription per month level. That kink

was quite deliberate and took account of contractors at that level who, according to DHSS and PSNC calculations, were somewhat under-recovering costs. It was hoped this oncost scale would be fairer to all contractors.

Mr Axon said it was likely notional salary could be referred to the review panel this year.

PSNC was arguing that the pension element contributed by the DHSS for pharmacist remuneration should go up from 8 per cent to 15 or 25 per cent.

NI statistics

In December 1984, chemists and appliance suppliers in Northern Ireland dispensed 1,105,630 scripts (679,715 forms) at a gross cost of £5,308,449 with an average cost of £4.80 each.



We're putting in 2 extra wallets to put an extra 94p in yours.

In each of the double display packs of Carnation corn caps you order during the Spring stocking-up period*, you'll find an extra 2 free wallets, 32 for the price of 30.

That represents an extra 94p profit or put it another way, 18% extra profit for you. Now consider a few other facts.

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corn caps by name than any other brand.

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*LIMITED PERIOD—ONLY WHILE STOCKS LAST.

CARNATION

THE CORN CAP THAT'S ASKED FOR BY NAME

Cuxson, Gerrard & Co (Dressings) Ltd., Oldbury, Warley, W. Midlands. B69 3BB.

Natural drugs under threat

The system for licensing medicines in the UK is unfair and, if not changed soon, could lead to the disappearance of 5,000 natural medicines, claims the Natural Medicines Group.

Some 39 companies which produce natural medicines in the four codes — herbal, homoeopathic, biochemic and anthroposophic — have formed the NMG to publicise their plight.

When the Medicines Act was introduced, natural medicines were given licences of right, prior to coming under the scrutiny of the Committee on the Review of Medicines.

Now, the NMG say they are struggling to meet impossible testing criteria set by the Medicines Commission. They point to the fact that the DHSS teams of advisers on

the Commission and its Committees are drawn from only conventional medicine.

Due to Government action following EEC Directives, the Group says that time is running out. The review of licences of right is due to be completed by 1990.

The Group points to West Germany, where natural medicines are reviewed by experts in the particular field. It suggests a similar system be set up here.

"The Medicines Act lays a duty on the Minister to appoint to the Medicines Commission and Committees of experts, advisers in the practice of medicine," says Peter Rost, Conservative MP for Erewash who is co-ordinating support for the Group in the House of Commons. "The Act recognises five forms of medicine, but only one conventional medicine, is currently represented.

"There is no need for a change in law," he says. "The Act allows the Minister to set up advisory committees as necessary. There's no reason why we shouldn't have a committee of experts in natural medicine."

3yr students able to take CPP Pt I

Student members of the College of Pharmacy Practice need only to have been in practice for three years to be eligible for Part I examinations the College decided at its March Board meeting.

The previous requirement was registration for at least five years.

It was also confirmed that there could be no exemptions from the Part I which was designed to demonstrate a breadth of pharmacy knowledge. Exemptions from Part II written papers could only be based on qualifications or activities that covered the full syllabus of that particular option.

The workshops being organised by the Society's Hospital Pharmacists Group, and based on the Part II hospital pharmacy option syllabus, would be open to community and industrial pharmacists.

The Board indicated that studies into the history of pharmacy would not meet the annual continuing education requirement which was designed to ensure updating in aspects of the practice, science or technology of pharmacy.

Some 330 students of the College were listed, and a small reduction was expected.

So far 210 founder members had opted to become practitioner members and 55 were continuing as active founder members. The remaining 200 founders have not told the College of their choice.

Chemist & Druggist 30 March 1985

The Board agreed to ask the Pharmaceutical Society's Council to lease the ground floor of property at 111 Lambeth Road to the College from September 1986 or sooner. The Council had already agreed in principle. Temporary accommodation would be found between January 1, 1986 and the uptake of the lease.

Arrangements were concluded for the open meeting on adverse drug reaction reporting at the postgraduate medical centre, Leicester Royal Infirmary on May 21. Professor M. Rawlings would be speaking on the case for improved reporting and Mr R. Dickinson, the College secretary, on reporting by community pharmacists. There would be three workshops dealing with community, hospital and industrial aspects. The programme for the national open meeting on drug abuse would be finalised in June.

Come in, no 9!

British National Formulary Number 9 is now available.

A section on nutritional support has been added, dividing nutritionally complete feeds from foods for special diets. There is also a new appendix containing a guide to cautionary and advisory labels recommended for use on dispensed medicines. Code numbers appear after the relevant preparations in the text. Copies are available, price £5.40, from bookshops or *The Pharmaceutical Press, 1 Lambeth High Street, London.*

Be wary of reps with good news

Director of the National Association of Pharmaceutical Distributors, Mr Ossie Logan, warns that pharmacists should be wary of company representatives saying wholesalers will take back blacklisted stock for credit.

In December 1984 the NAPD sought DHSS approval for wholesalers' stock losses due to limited list to be charged to the Pharmaceutical Price Regulation Scheme. This was rejected, says Mr Logan.

"There is no question of wholesalers taking back for credit dead stock from community pharmacists, without specific instructions from manufacturers. Despite what Xrayser, (*C&D* last week), may understand from two reps this has not happened."

In view of the losses being sustained by manufacturers, it seems unreasonable to expect them to finance pharmacists' losses when there is an existing mechanism for this via the contract, says Mr Logan.

As the current dead stock applies to normal conditions only, PSNC has already announced its intention of carrying out a special inquiry to establish the extent of pharmacy losses due to the list. "It appears to me that this is the appropriate channel for reimbursement rather than the wholesaler or manufacturer."

Dead stock tales reach Lords

Peers have been told about the steps being taken by some pharmacists to get rid of the stocks of medicines which will cease to be prescribable for NHS patients from April 1.

Lord Winstanley (Lib), a former "radio doctor", said he was already finding that "pharmacists are going to general practitioners they believe to be co-operative and saying 'Look, I'm going to have an awful lot of this or that left on my hands. Haven't you got any patients you might help?'"

He warned Ministers that this kind of admittedly not very creditable exercise was likely to result in the restricted list initially pushing up the NHS drugs bill.

Lord Winstanley revealed that he had prescribed blacklist drugs for two peers which will carry them far beyond April 1."

Bergasol best

Chefaro's "two pharmacists" Bergasol advertisement, which ran principally in C&D (this week p656), was the best trade advertisement of 1984, according to Campaign.

The original "two girls" consumer advertisement also won agency Wight Collins Rutherford Scott a commendation in the beauty and toiletries category.

This section was won by an advertisement for Nivea sun preparations, with Robinson's "Gotcha" campaign for Cosifits also commended.

Carter Wallace got a commendation in the home and garden section for a Discover 2 advertisement.

C&D Price Service

Subscribers should note the large number of price reductions effective from April 1 in this week's Price List Supplement.

The reductions are the result of changes made to the Pharmaceutical Price Regulation Scheme. The price changes below were not notified in time to be included in this week's Supplement.

Product	Quantity	Trade	Retail
Dermal Labs			
Anhydral forte	10ml	£2.66	—
Callusolve wart treatment	10ml	£1.96	£3.00
Dithrocream 0.1%	50g	£2.86	£4.37
0.25%	50g	£3.05	£4.66
1% HP	50g	£4.04	£6.18
forte 0.5%	50g	£3.49	£5.34
Dithrolan	90g	£3.95	£6.04
Emulsiderm	250ml	£3.63	£5.55
Exterol ear drops	12ml	£1.98	£3.03
Glutarol solution 10%	10ml	£1.73	£2.65
Salactol wart paint	10ml	£1.61	£2.46
Varicene	50g	£4.58	£7.00
Galen Ltd			
Parake tablets	100	£2.40	—
	500	£12.00	—
Labaz			
Epilum 200 enteric coated tablets	100	£6.59	—
	(outer of 6)	£39.54	—
Epilum 500 enteric coated tablets	100	£16.45	—
	(outer of 6)	£98.70	—
Squibb Surgicare			
Graneodin			
ointment	15mg	£0.88	£1.52
ophthalmic ointment	3.6g	£0.61	£1.05
Kenalog			
unimatic syringe	1ml	£2.11	£3.64
	2ml	£3.66	£6.31
vials	5x1ml	£8.50	£14.66
Motipress tablets	28	£2.90	£5.00
	250	£24.64	£42.50
Mystechin			
capsules	100	£6.85	£11.78
syrup	100ml	£1.22	£2.10
tablets	100	£6.71	£11.57
	500	£32.25	£55.63

Delisted

The effects of the blacklist are now being felt. Wholesalers are saying "out of stock" on the smaller packs of delisted items which we are ordering instead of the former larger packs. On one item today, I could find no stock in any of three suppliers and had to refer back to the prescriber for an alternative. Then, too, we have the hopeful patient ordering (and getting) prescriptions for two, three and four-month supplies of products coming off the list.

Have you noticed too there is the curious knock-on effect which causes assistants to limit replacement of routine products which are not on any blacklist? It's probably caused by the confusion of knowing large numbers of products will no longer be paid for by the NHS, so they feel they may as well be on the safe side.

And another funny thing. Despite the frantic efforts by the drug companies, there seems to be tacit acknowledgement that blacklist products are somehow "finished" — to be removed from stock as quickly as possible against the deadline in a few days time. I foresee real difficulties for patients who decide they want to continue with their favourite blacklisted medicine after April 1, in finding a pharmacy with stocks to fill their new private prescriptions.

Two in one?

So Mike Reynolds, the Dorset pharmacist who divided his pharmacy in two and applied for separate premises registration and a second separate NHS contract to recover the loss of income caused by the nearby doctor practice ordering for longer periods, has reached an impasse. It seems that, apart from losing his original application, the Dorset FPC have no intention of going along with this scheme.

They are prepared to grant separate contracts, but have asked the Prescription Pricing Authority to calculate payments to Mr Reynolds as though the two separate establishments were one. I would have thought this illegal since the premises have no direct connection between them. That they are owned and operated by the same owner is irrelevant. Should he sell one of these two pharmacies to another person or company, under their present ruling the FPC would have to continue to lump the separate totals of prescriptions done together for the purpose of remuneration. That is absurd.

On the other hand if they then decide not to, it would be equally absurd since nothing would have changed. Ownership

has nothing to do with the contract.

I do not believe any FPC has the power to make new laws when it may feel existing regulations are inadequate. This is the prerogative of Parliament, a fact Mr Reynolds must be fully aware of. He may even be hoping that the full development of this truly Gilbertian comedy may actually bring about change? He ought to know better ... this is Great Britain.

ICML

A letter from Unickem raises a number of points concerning the takeovers by AAH of Vestric and other wholesalers. It will be interesting to see how the Numark scheme will react now that one of its franchise holders, Ferrymans, has become part of the Vestric operation. It cannot be logical for the two competing agencies to be held by one operating company.

It was long ago my view that the Numark product range ought to have been marketed in exactly the same way as Beechams, with products marketed to all retail chemists, including Boots (see p614 for the latest Numark moves, as yet unknown to Xrayser). They would by now have been established as a pharmacy brand, as opposed to a limited franchise, although shareholding could have been held by a limited section of interested independents.

Ownership today has passed from the original supporters into the hands of the wholesalers. There is nothing wrong with that, but because of its limited retail distribution, it will never achieve anything like the potential many of us saw possible when the idea was first floated. Pity.

Anti smoking

I'm not giving much away when I say neither I nor any of my family smoke. We supported the anti-smoking day recently with a big window display of the various aids for people trying to break the habit, and assembled a number of leaflets which we gave away to interested folk. There are changes in the pattern of smoking which have become apparent to us, as observers, though I guess a proper survey would be needed to prove what we suspect.

In the first place it looks as though more women than men are smoking today. Particularly young women, which is sad. A cult thing, as usual, fostered by the subtle tobacco adverts. When will advertising be stopped?

Isn't it about time a new series of anti-smoking TV ads were put on at peak time showing, for example, how a young girl could devastate the room, though not with French perfume?



A child's cough means looking after Mum as well.

Where a child's health is concerned Mothers so often need your reassurance. Now more than ever before they want to be sure that they're buying the right treatment for their family. It's natural that they should. That's where Benylin Paediatric helps. It's effective and the most widely-prescribed of all children's cough treatments. Most Mums know and trust it already.

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Benylin Paediatric



PARKE DAVIS

Composition: Each 5 ml. contains: Diphenhydramine hydrochloride Ph. Eur. 7 mg; Sodium citrate Ph. Eur. 28.5 mg; Menthol B.P. 0.55 mg. **Indications:** For the relief of cough and its congestive symptoms, and in the treatment of hay fever and other allergic conditions affecting the upper respiratory tract. **Dosage:** *Children 1 to 5 years:* One 5 ml. spoonful every three hours; *6 years and over:* Two 5 ml. spoonfuls every three hours. **Contra-indications, warnings etc:** Known hypersensitivity to any of the active constituents. This preparation may cause drowsiness. **Product licence no:** 0018/0067. **Cost:** 125ml. x 24 List price ex. VAT £18.04.

Data sheet available on request.

Benylin is a trade mark.

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They're all talking to smooth operators - the kind of high-spending, good-looking young women who are our main customers.

New Point Of Sale That Makes A Point Of Selling Fast.

There will be eye-catching new merchandising units to give the range that fashionable feminine look which attracts new buyers and keeps it moving fast. And for the first time in the depilatory sector we're giving you a supply of fact-filled leaflets. So you can help your customers understand each Louis Marcel product and make the right choice.

New management, bold new big-spend advertising and informative, attractive point of sale. It's all backed by the experience of a company with the technical expertise and research resources to develop new products and build the market's future.

Everything to make selling Louis Marcel a smooth operation!



LOUIS MARC

Growing Success



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"When I get a cold sore all I want to do is hide my face"



Last year, 15,000,000 attacks of cold sores were suffered. 500,000¹ of them were so severe, or so embarrassing, that patients sought treatment from their doctor.

Now, there is Zovirax Cream, an important achievement of Wellcome antiviral research.

Fiddian *et al.*² found that treatment with Zovirax Cream achieved impressive results.

When treatment was begun before lesions developed, 42% of lesions were suppressed, compared to only 11% with placebo ($P=0.04$).

For the best results, treatment with Zovirax Cream should begin as soon as possible during an attack, preferably during the prodrome, so that the

"... proportion of lesions effectively aborting may be increased to a third or more."²

With early treatment, the cold sores may not show their face.

¹Data on file

²Fiddian, A.P. *et al.* (1983), *British Medical Journal*, **286**, 1699

At the first sign of a cold sore

ZOVIRAX CREAM

ACYCLOVIR

Prescribing Information: Zovirax Cream
Presentation
Acyclovir 5% w/w in a white aqueous cream base

Uses
Treatment of herpes simplex infections of the skin including initial and recurrent genital herpes and herpes labialis.
Dosage and Administration
Zovirax Cream is applied five times daily at approximately four-hourly intervals. Treatment should be continued for

5 days. If healing is not complete, treatment may be continued for a further 5 days. **Therapy should begin as early as possible after the start of an infection, preferably during the prodromal period.**

Contra-indications

Patients known to be hypersensitive to acyclovir or propylene glycol.

Warnings and adverse effects

Transient burning or stinging following application may

occur. Erythema or mild drying and flaking of the skin have been reported in a small proportion of patients.

Basic NHS cost
2g tube £4.86 10g tube £14.66

Product Licence No. PL3/0180.

POM

Further information is available on request.

Wellcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire



Perfect present role before expanding

Pharmacists should perfect their present role of dispensing and counselling patients about medicines, selling medicines and supplying traditional health aids before taking on the additional tasks of monitoring blood pressure, pregnancy testing and so on. The challenge was to get involved in order to gain recognition by the public, the Government and other health professionals, Donald Crossland, superintendent of Boots the Chemists told Bucks LPC Conference on Sunday.

Apart from becoming an administrative nightmare, I suggest that it might be of relative insignificance to the broader issue of practice of our profession in the community. You will note that I referred to the administrative problems — these will be significant and the community pharmacist will be in the front line. There will be difficulties, particularly for patients, and difficulties for and with medical practitioners. But it is an opportunity for pharmacists to demonstrate their concern and their care in the delivery of medicines to the public. It is a welcome opportunity.

The community pharmacist is a custodian and purveyor of medicines. He will supply medicines to patients in response to prescriptions from a medical practitioner. He will also supply medicines in response to patient demand and also on his own recommendation.

The proper supply of medicines is a skill which must be exercised responsibly and will command recognition through status and through remuneration. It is a clinical function — it is patient orientated.

The proper and responsible discharge of the duty requires the pharmacists' appreciation of the medicament: its indications and contra-indications; its dosage; its special requirements for administration, and its side effects. It also requires a knowledge of the patients' condition, and perhaps other medication.

The pharmacist will not have the opportunity to cultivate a bed-side manner — but he can develop a counter-side manner — one of counsel, advice, and helpful information. We are not second-class doctors, and we should not try to be, but we are first-class experts in handling medicines and we should demonstrate that to the world. And we can recommend in response to symptoms.

That recommendation may well be that the patient should seek a consultation with a medical practitioner, or it may be that

advice and medication will be recommended and sold. This is a role which is recognised by the public, it is recognised by the profession, and it is recognised by the Government.

If the pharmacist deals with the presentation of more minor illnesses, it is probably more convenient for the patient, it will relieve some of the pressure on medical practice, and it will save money for the health service.

There is a lot of talk about the future role of the pharmacist. I hold the view strongly that we must recognise our *present* role, practise it and get it right, before we start grasping out for other roles and additional activities. Before we start getting too involved in monitoring blood pressures, and heart rates, and before we get too involved with pregnancy testing, urine sampling, and biochemical analysis, let's be certain we are handling our present role fully and competently.

Dispensing should involve fully trained supporting staff operating under the direct supervision of the pharmacist. The pharmacist should meet his professional obligations with regard to the correctness of the prescription, appropriate dose, contra-indications, and adverse reactions.

He should counsel the patients to ensure safety in medication at home, and to encourage compliance. On this point I believe that we must find a way for pharmacists to become involved in the formal process of reporting suspected adverse drug reactions. Certainly not in competition with the medical profession, but as a valuable adjunct and partner.

From experience I know there are many episodes reported to pharmacists which patients will probably "not wish to bother the doctor about".

Over-the-counter sales of medicines will either be in response to a request from a patient, or will be as a consequence of the recommendation in response to the patient's description of symptoms. As in the



Donald Crossland

dispensing operation the pharmacist has the professional responsibility and he also has legal responsibility. However, it is just as appropriate for suitably trained support staff to become involved in this activity, but clearly acting under supervision. It is important that we exercise and demonstrate our professional responsibilities as more POM medicines are transferred to the "P" category.

I must say that I am bemused by pharmacists who argue that they should not be advertised. The manufacturers are informing the public of medicines which are only available from pharmacies. In other words they are pointing the public to the pharmacy. We are a profession engaged in trade so there is good reason for the public buying their medicines from us as opposed to a non-pharmacy outlet. It *must* be in the patient's best interest and it is commercial good sense for us.

The Society took a major step forward last year by adopting a new Code of Ethics. It adopts a positive, rather than a restrictive approach. It places emphasis on the proper exercise of discretion.

It must be up to pharmacists to practise according to the Code. Pharmacists should adopt positively the attitude it commends to the perhaps controversial area of giving publicity to professional services within the Code and guide.

I exhort you to check the "Guide to Good Dispensing Practice" to make sure that, as the last link in the chain, your systems and practice ensure the quality, safety and efficacy of all medicines delivered to the patient. Do you provide a sufficient and satisfactory service?

Don't be side-tracked by issues of relatively minor importance, Mr Crossland told the conference. One could be forgiven for believing that for the last four months nothing mattered to community pharmacists apart from their limited list prescribing, he said.

If we get involved. If we accept the challenge, we are counting down to a bright professional future. Our role will be increasingly recognised by the public, the Government, and the other health professions. But if we *don't* get involved, we could find ourselves overtrained for the task we are permitted to perform and in a situation where our professional responsibilities are diminished.

List to stunt healthcare growth?

Geoff Rodgers, general manager of Upjohn Ltd, told conference he believed the Government's introduction of the limited list would put at risk the health of patients, their relationship with those who treat them, and the industry which supplies that treatment.

Those companies hardest hit by the limited list had indicated that they would have to make redundant 2,000 employees. "Already, Ely Lilly, Wyeth and Roche have each made 100 employees redundant and Roche is expected to shed more when the list comes into effect. The Sterling-Winthrop Group is considering making some of its manufacturing and research employees redundant."

Mr Rodgers said pharmaceutical companies would be reluctant to invest either in research and development, or plant and machinery if they cannot be assured of a profitable market in the UK.

"Since the 1960s, my company has invested heavily in Britain. None of our profits has been returned to the US. They have all been reinvested in our facilities at Crawley." Upjohn had just finished building a European control development laboratory costing £1.7m. "However, I can honestly say that Upjohn management will have to look long and hard at investing further in this country, which cannot guarantee us a free and profitable market." At risk was the possible building in the UK of a £36m laboratory.

"The fact that healthcare in the UK is a state responsibility" continued Mr

Rodgers, "seems to give the Government the right to interfere in almost every facet of our industry. It is a private industry yet we may be subject to more government control than a nationalised industry."

"Does the government want the standards of Healthcare to remain at 1984 levels for ever?" asked Mr Rodgers. Without investment by major pharmaceutical companies he envisaged patients in the 1990s continuing to be treated with drugs produced in the '70s and '80s unless they were prepared to pay for newer medicines imported from abroad at premium prices."



Geoff Rodgers



Stephen Axon

The dispute should cease'

The medical professions should now work together to make the limited list work, regardless of whether they support or oppose the concept as groups or individuals.

Secretary of the Pharmaceutical Services Negotiating Committee, Stephen Axon, told conference, patients should not be used as a battering ram to hurt the DHSS. After April 1 dispute should cease.

The Committee would have preferred the pharmacist to be able to use an NHS prescription form as a private prescription. "The DHSS says that legally an FP10 is the property of a family practitioner committee. The only realistic sanction would have been to accuse a pharmacist of theft of a piece of paper!"

PSNC would have preferred more flexibility in pricing during the changeover period and a "honeymoon" period on pricing beyond the transitional period allowed by the current regulations.

The Committee had wanted more specific arrangements for the relief of genuinely disadvantaged patients. However, an appeals system was to be introduced.

Perhaps the most important development was the substantial input that pharmacy had had into the list and the Regulations and FPC memorandum of guidance. It was quite clear from the FPC guidance, said Mr Axon, that the Minister for Health was totally opposed to the concept of doctors — be they dispensing doctors or prescribing doctors — setting up quasi-pharmacies where medicines could be sold. This and the need for a comprehensive list had been the two principal points of serious concern.

Midges won't bite YOUR customers.

The ultimate deterrent to mosquitoes, midges and most biting flies — offering complete protection for up to 8 hours per application due to high levels of DEET.

In normal use it is safe, stainless, virtually odourless.

Backed by National Advertising. Stock it. Display it. Sell it. Customers benefit so will you.

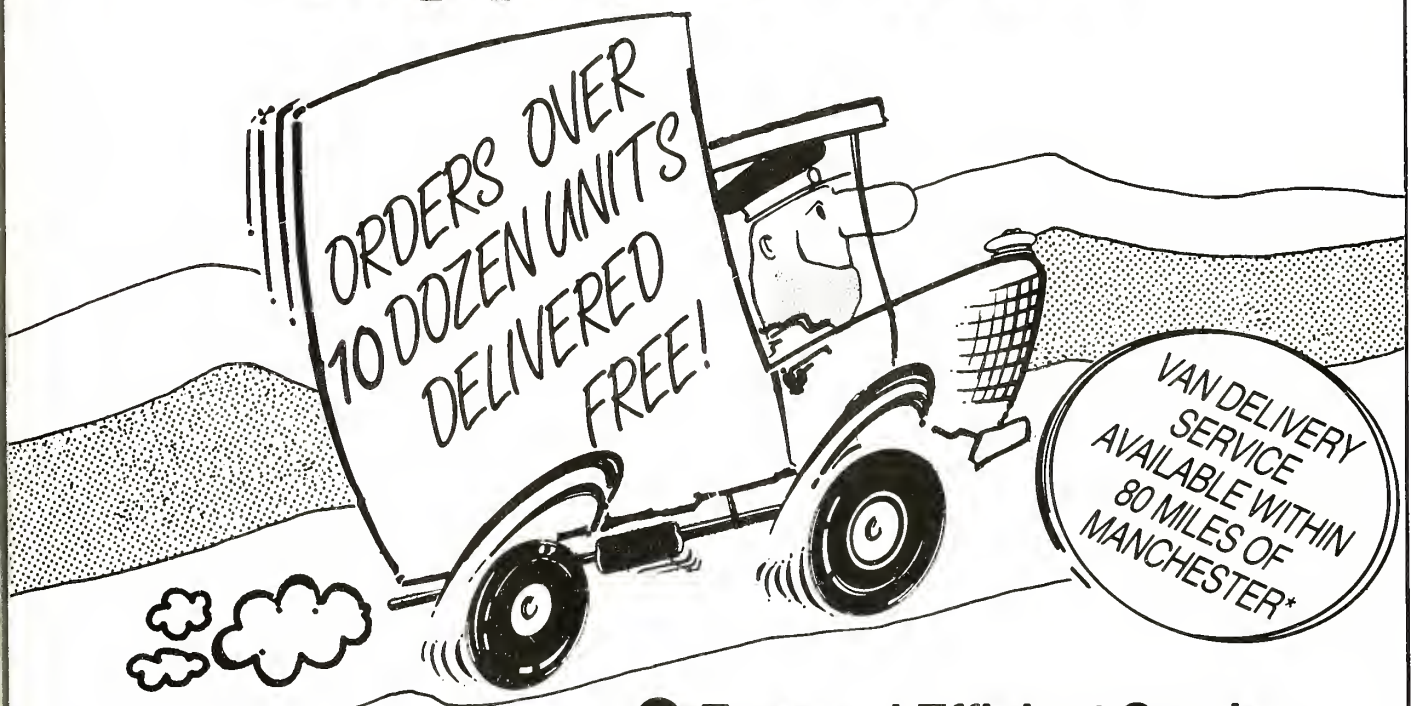
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Prices: 50ml Bottle Qty. 12, \$15 + VAT. RRP \$2.25 each. 100ml Aerosol Qty. 12, \$18 + VAT. RRP \$2.99 each.



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Manchester Road, Denton,
Manchester M34 2AH.
Telex: KELENS 666533 G.

Will OTC manufacturers back you after the list?

When the National Pharmaceutical Association first announced its "Ask your pharmacist's advice" advertising campaign, there were many, including myself, who doubted its potential effectiveness. How wrong we were! Few can now be of that opinion, as the number of people who consult us increases daily.

This new "job satisfaction" has brought a silver lining to the cloud of uncertainty that has hung over the profession since the threat of discount clawback. And the introduction of the "black and white" prescribing lists will generate a further demand for such consultations. I therefore find it impossible to accept the opinion of those colleagues who level criticism at the concept of limited prescribing and at the Pharmaceutical Services Negotiating Committee for cooperating in its implementation. Presumably they have accepted the proliferation of "me too" products, and the increase in dispensary storage space needed to accommodate them, along with their contribution to the increased cost of stock.

Waste paper for surgeries?

Perhaps I am wrong in my assumption that "ALMASILATE" is ALuminium hydroxide and MAGnesium TriSILicate, and that the NHS price equivalent of 500 Malinal tablets (£27.58) is unreasonable in relation to 500 Gelusil tablets (£4.53). Manufacturers price justification is based on the necessity to finance research and maintain a profitable exporting industry, but little mention is made of the exorbitant marketing costs employed.

Surgeries are littered with paraphernalia bearing product names; doctors are feasted while the "rep" gives a showy video or film presentation; fees are paid for participation in GP clinical trials, and tons of post-paid promotional literature is filed in the wastebin. The cost of these activities falls on the NHS drugs bill — it would be interesting to see what savings could be made by a 10 per cent reduction in such expenditure as opposed to the 10 per cent cut in wholesale margins and "pharmacist's fees" recently suggested by the APBI.

As manufacturers see their products blacklisted, so we become the focal point of their marketing strategy. They will try to persuade us to recommend their OTC lines, or to remind us that their white list items are truly worthy of their status. "Your profession

With April Fool's Day and Mr Fowler's "list" just around the corner, community pharmacist Anthony Peel of Huddersfield sets out his personal view of marketing methods likely to be used by OTC medicines manufacturers. For C&D's comments see p597 and for our feature on the limited list turn to p597



"The time is ripe to introduce a degree of control to ensure fairer treatment"

is at a point where it has to make important decisions about its future," said John Patten, Under Secretary for Social Services at last year's Conference.

In making the decision whether or not to promote sales of OTC lines, the following are of prime importance: ethical/moral considerations; profit margins; manufacturers distribution policy.

Considering ethics/morals as the first of these, resistance by the profession to the implied status of Pharmacin resulted in its deserved demise. We are now being asked to stock International Chemical Co's ibuprofen capsule Seclodin, which is promoted as a new treatment for period pains, and has emblazoned on the front of the pack "now available without prescription." The mind

boggles at the statement that Seclodin "is the only one to be positioned specifically to combat period pains." And Beecham's copious literature in support of Somnex suggests that those of us who have been counterprescribing promethazine for years have got it right.

As far as profit margins are concerned, much has been written, but as a reminder, Panadol shows 33 per cent POR, while Hedex shows 20 per cent.

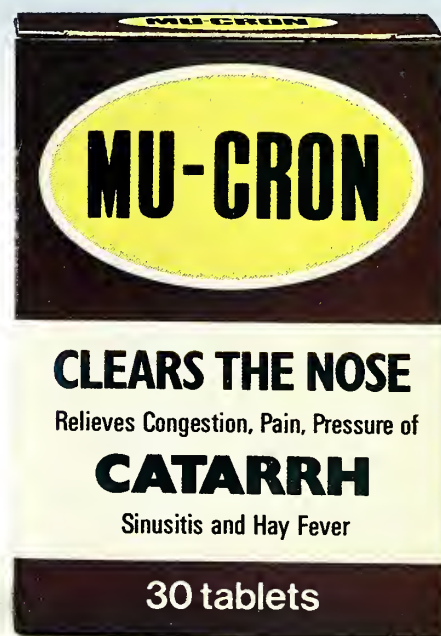
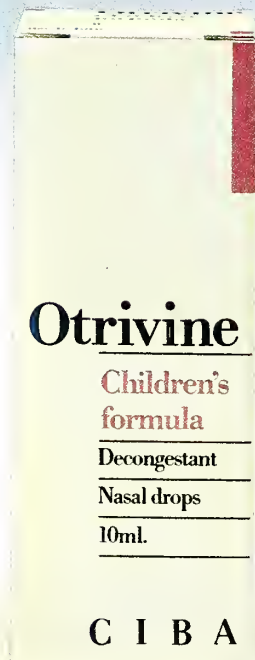
Finally, the manufacturers distribution policy is a subject which requires close scrutiny. Being aware of the threat to my OTC business by the rapidly expanding drug store chains (eg Superdrug), I decided to inspect their local branch. However, I was not expecting to see the following products on prominent display.

Product	Shelf facings	Manufacturer (Parent company)
Algipan	2	Wyeth
Aludrox liquid	4	Wyeth
Autan	2	Bayer
Canderel	2	Searle
Cetavlon PC	1	ICI
Drapolene	2	Wellcome
Merocets	3	Merrell Dow
Mycil Pdr & oint	6	Farley (Glaxo)
Panadol	3	Winthrop
Oraldene	8	Warner-Lambert
Strepsils	6	Crookes (Boots)
Sudocrem	4	David Anthony

All the above have printed shelf edge cards giving full description and Superdrug's domestic computer code — I assume they are stocked in most, if not all, other branches (of which there are approx 210 and increasing rapidly). I accept that due to the co-operation of some wholesalers and pharmacists of the "fast buck brigade", manufacturers with a genuine restricted distribution policy cannot prevent some "leakage", but it would appear either to be on a very large scale or, more likely, on direct supply.

The situation is crystallised by Oraldene appearing on the shelves in both old and new livery, the former made by William Warner and the latter by Warner Lambert Health Care. Aludrox and Algipan no

It's very easy to see why they're the brand leaders.



You know the products.
Lypsy!. Otrivine. Mu-Cron. All from Ciba.
All in big demand.
With Lypsy! outselling Chapstick two to one.
Otrivine outselling Vick's Sinex by almost
two to one.
And Mu-Cron, way out in front of Sinutab.
With that kind of performance, it's easy to
see that they're the brand leaders.
It's also easy to see why you're already
stocking them.

CIBA CONSUMER PHARMACEUTICALS, WIMBLEHURST ROAD, HORSHAM, WEST SUSSEX.

Lady Jayne in the spotlight

Hair-fashions constantly change... Lady Jayne keeps you permanently in touch with the "twists and turns" of to-days hair fashions.



Lady Jayne

Laughton & Sons Ltd.,
Warstock Road, Birmingham.

PERSONAL OPINION

longer belong to Wyeth Laboratories' stable; they are marketed by Wyeth Family Health. Remember Allen & Hanbury's Haliborange and Glaxo's Adexolin? They are both now in the hands of Farley Health. And there appears to be a familiar pattern developing for the marketing of such products as follows.

Step one. Launch product through pharmacies with generous introductory bonus and assurance of chemist-only policy. (NB Supermarkets and drug stores not interested in stocking due to inability to advertise as product subject to GP promotion).

Step two. When established, expect demand from other outlets as pharmacists create market and generate repeat sales.

Step three. When medical reps reports show a significant feed-back of objections, move product to subsidiary division and instruct reps to express regret, but to emphasise that the item is no longer the responsibility of his employer. Change the subject quickly. (Refer to "How to win friends and influence people" — copies available in marketing).

Professional endorsement

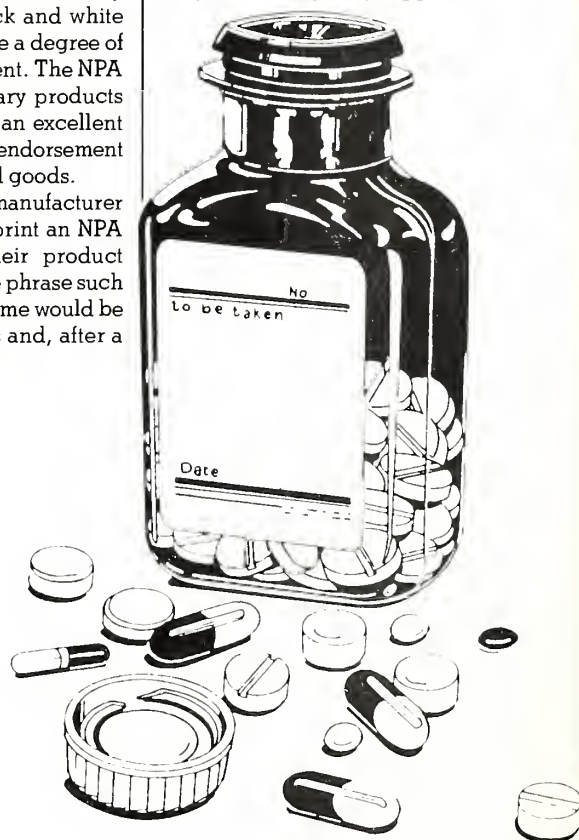
Pharmacy has been used for long enough in this direction, and it would appear that, in the light of the opportunities presented by the "NPA campaign" and black and white lists, the time is ripe to introduce a degree of control to ensure fairer treatment. The NPA has successfully vetted ancillary products used in pharmacies, and is in an excellent position to instigate a system of endorsement for OTC medicines and related goods.

Under such a scheme, the manufacturer would apply to be allowed to print an NPA registered trade mark on their product packaging, plus an appropriate phrase such as "NPA approved". Sufficient time would be allowed to assess existing lines and, after a

specified date, the NPA would reward the company by incorporating a reference to "NPA approved" products in its "Ask your Pharmacist" advertising. An explanatory notice would be displayed in the pharmacy and, after a while, customers would come to redognise the value of endorsement as representing value for money effective treatments. The cost of the scheme would be borne by a licensing fee paid to the NPA easily recognised by the manufacturer in reduced marketing costs.

Perhaps the above is just a pipe-dream, and I shall have to continue with my present policy of backing those who back me. I am pleased to report falling sales of Venio's, Day Nurse capsules, Sanatogen Multivitamins, Napisan, Milton and Savlon, with corresponding increasing sales of their Unichem brand equivalents which give better value and bigger margins. Unichem chesty cough syrup is now established as my No 2 behind Benylin, and catching up fast. It requires effort to convert requests for advertising brands into sales of my own brand, but the rewards come eventually and repeat sales are made on efficacy rather than being proportional to TV exposure.

No doubt my ramblings will stimulate some responses from chastised manufacturers, some of whom will refute the charges. Some I will believe, others will have to try harder to get my support.

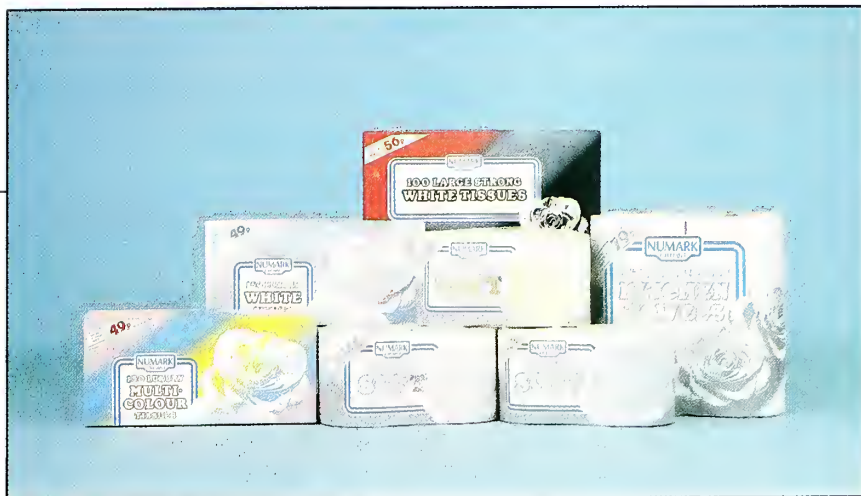


Trouble is, it's not always so easy to see them.



You're stocking them.
But are you stocking enough? And are you
showing them?
Independent research suggests otherwise.
It also suggests there's a much bigger profit
potential there for the taking.
So don't just stock them. Show them.
Your Ciba representative will be happy to
show you the best way to do
just that.

CIBA
CONSUMER PHARMACEUTICALS



Enter Numark own-brands

Numark is planning a range of Numark own-brands. Available only to the 2,300 Numark members, the first product group to carry the "Numark chemist" label is a paper range.

The range includes Numark large strong white tissues 100s (£0.56), luxury tissues white and multi-colour 150s (£0.49), luxury soft toilet tissue twin pack in white, pink and peach (£0.45) and extra absorbent kitchen towels twin pack in white (£0.79). The Numark logo is incorporated into the packaging which features a rose motif. All items are price marked. The Nuhome paper products will be discontinued.

Numark own brand paper will be included in the Numark April promotion and will be advertised nationally (*Sun*, *News of the World*, *TV Times*, *Woman's Own* and *Sunday Post*) and in selected regional Press. Shelf cards, stack cards,

window bills, and a colour window poster will be in the April merchandising kits. Numark's advertising budget is £500,000, above the line, during 1985.

Numark members buying seven cases across the range will automatically be entered into a lucky draw competition, the prizes being three mini holidays donated by the *Sun*. Introductory prices will be held for three months.

Mansize tissues account for 47 per cent of all facial tissue sales, say ICML, and chemists account for 21 per cent of the £38.5m market. Own brands in chemists account for 38 per cent of sales. Chemists take a similar share of the £43.5m market for regular tissues, but in this sector own label accounts for 60 per cent of sales.

"It will be a matter of policy to market Numark brands at good value for money consistently," says chief executive Trevor Dixon. He confirmed ICML would be examining further opportunities for Numark labelled products. "We are looking principally at lines which do not exist in other own line ranges we have." *Independent Chemists Marketing Ltd*, 51 Boreham Road, Warminster, Wilts.

competition which involves naming six flowers and completing a tie-breaker.

Twenty entrants will win floral plates worth around £50 each, and every applicant will receive a silk rose.

A prepack is available containing 12 Cachet 20ml EDT sprays and six 30ml EDT, together with a merchandiser and a headerboard detailing the competition. *Prince Matchabelli*, PO Box 242, Consort House, Victoria Street, Windsor, Berks.

Apex hiding

Apex have replaced the Hideaway air freshener with Hideaway plus (£0.99). It has a rechargeable system giving three times the life of the old product, says the company, and comes in pink, grey, blue and oyster. Introductory offers are available through *Pharmagen Ltd*, Church Road, Perry Barr, Birmingham B42 2LD.

Cox revamp more OTC

Cox are repackaging three of the existing OTC products in the Cox Family Medicine design from April 1.

Bronchial mixture extra strong is presented in 100ml bottles (£1 with a trade price £0.58), antiseptic cream (previously cetrimide cream) will appear in pale yellow and green tubes and cartons (size and price unchanged). Soothing cream (previously Calazeam cream) will be in purple and mauve coloured tubes and cartons (size and price unchanged). The products can be displayed in counter displays available from Cox *Pharmaceuticals Ltd*, Whiddon Valley, Barnstaple, North Devon EX32 8NS.

The Elastoplast Sport team case has a trade price of £23.15 and a rrp of £37.50 and not as stated in *C&D*, February 23.

Caladryl stress pain relief



Caladryl cream and lotion are being repackaged with a more cosmetic image to highlight the brand's main benefit as a reliever of the pain of sunburn, say Warner-Lambert.

The new packaging features a red and yellow "sunburst" motif. Caladryl, which is only available through pharmacies, leads the sunburn market with a 35 per cent share, says Warner Lambert.

Accompanying window cards and point-of-sale material are available from the company's sales' force. *Warner-Lambert Health Care*, Southampton Road, Eastleigh, Hants SO5 5RY.

£1½m for Hedex

Sterling Health's Hedex brands are to be supported with a £1½m national television campaign in April.

Hedex, Hedex plus and Hedex soluble will feature in the commercial to be screened on ITV, Channel 4 and TV am, from April 8 for a period of five weeks. This new advertising burst will reach over 83 per cent of target audience, say *Sterling Health*, 1 Onslow Street, Guildford, Surrey GU1 4YS.

Cachet blooms

Chesebrough-Pond's are promoting Cachet with a consumer competition entitled, "As individual as you are".

In return for proof of purchase on Cachet 20ml or 30ml eau de toilette, consumers will be entitled to enter the

A must for Speed stick

A year after launching Speed Stick on the UK market, Mennen are adding a fourth fragrance, musk, to their range of deodorants for men.

A new 30-second television commercial breaking in April will support Speed Stick, with a full network spend of £2.25m. A further £500,000 will be put behind consumer promotions.

Musk Speed Stick is available in a 75g twist-up brown pack (£1.20). From the end of April, all four fragrances, regular, spice, herbal and musk, will be offered with a 10p off on-pack. Trade price for outers of one dozen Speed Stick is £8.52. Retailers who do not receive a direct call from a Chemist Brokers salesman can obtain a free Speed Stick shelf unit from the company.

Sara Sorby, product development director of Chemist Brokers says "As a fragrance, musk is a well-established and popular choice among men. When Mennen introduced the fragrance into the Speed Stick range in the American market, it climbed within a few months to become the second best-selling fragrance after regular." *Chemist Brokers Ltd, Milburn, 3 Copsem Lane, Esher, Surrey.*

Quest for GLA

Quest Vitamins (UK) are introducing Gammaoil capsules containing 500mg evening primrose oil providing 40mg linoleic acid with 10mg vitamin E (30, £4.20; 90, £8.99). No artificial preservatives, flavour or colours have been added, says the company.

The launch is being supported with an information leaflet and an introductory bonus offer. *Quest Vitamins (UK) Ltd, Unit 1, Premier Trading Estate, Dartmouth Middleway, Birmingham B7 4AT.*

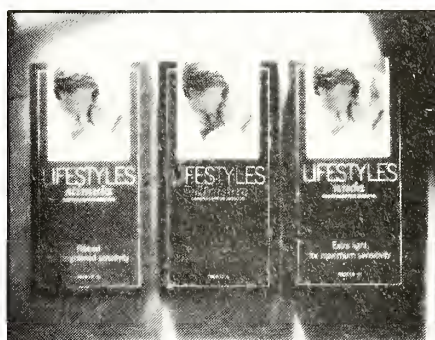
2 new Babyliiss

Babyliiss are launching two new products: the 1200 hairdryer and Styl'air, a heat styling brush.

The 1200 hairdryer (£12.75) is similar in design to the Club dryer but more powerful, says Standing and has a choice of two speeds.

The Styl'air (£13.75) diffuses hot air through the brush onto the hair as it styles, giving faster control and long-lasting results, say *Standing & Co (Hull) Ltd, 101 Spring Bank, Hull HU3 1DJ.*

Chemist & Druggist 30 March 1985



MENSWEAR FOR WOMEN.

LIFESTYLES. THE MALE CONTRACEPTIVE WOMEN WILL PREFER

Female sheath?

Warner Lambert have launched a £400,000 national poster campaign for Lifestyles on approximately 4,000 sites.

The poster features the three sheaths in the Lifestyles range, Ultrasure, Nuda and Stimula, and carries the headline "Menswear for Women."

Showcards featuring the campaign theme are being mailed to stockists, say *Warner-Lambert Health Care, Southampton Road, Eastleigh, Hants.*

ICML expand nappys stable

ICML is introducing two new stablemates for the toddler size Nusoft all-in-one disposable nappies — Newborn 20s (£1.74) and Daytime 24s (£2.65). The Newborn size complies with the DHSS instructions to expectant mothers about what to take to hospital.

Both variants have all the features of the toddler size — refastenable tapes, extra absorbency, contoured shape, one-way liners, and soft polythene backing. The Newborn 20s are colour coded vivid green, and Daytime 24s in a strong blue. Both are featured in the April Memo.

ICML reckon retail sales of their nappies will exceed £4m this year. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

Tenax mousse

Roger & Gallet of Paris have launched Tenax styling mousse.

It is available in the Tenax green and white stripe livery and comes in a 200ml can (£2.50). A merchandiser holding nine cans is available. *Bergal Ltd, PO Box 209, 3 Rhodes Way, Watford, Herts WD2 4QE.*

Spice of life

Shulton are offering 50 per cent extra-free on Old Spice deodorant and anti-perspirant to retail at £1.65.

Old Spice 100ml splash-on lotion will be offered at £2.35, compared to the normal retail price of £2.75.

Both of these Old Spice offers are available from May. *Shulton (GB) Ltd, Alexandra Court, Wokingham, Berks.*

Lip technique

Leichner are launching a new colour collection called Techno-colours.

The range comprises lipsticks (£0.99), nail polish (£0.99), blusher (£1.90), eyeshadow singles (£1.50) and duos (£2.15). Colours include copper arcade, electric blue, and micro white. *Leichner (London) Ltd, 202 Terminus Road, Eastbourne, East Sussex BN21 3DF.*

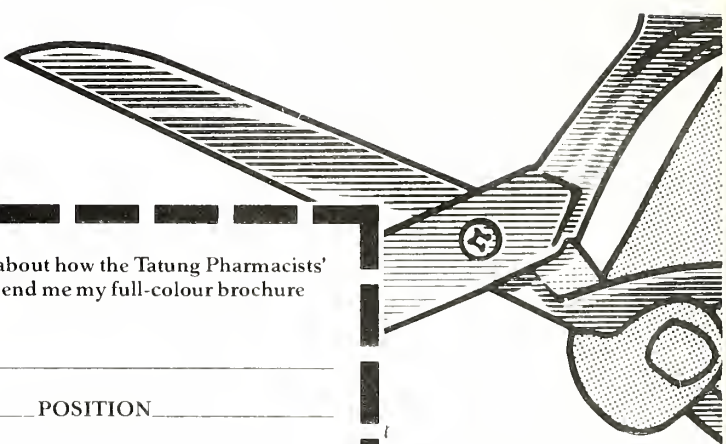
Spring roses

Rose Laird are launching two face masks for Spring cleansing.

The clay clarifying mask for normal to oily skins and re-texturising mask for normal/dry and sensitive skins (both 16ml, £4), contain panthenol D and allantoin which, says the company, aid cell renewal. *Rose Laird Ltd, 202 Terminus Road, Eastbourne, East Sussex BN21 3DF.*



Varta's "Spring power" self-merchandiser pack contains 42 Energy 2000 and 70 high performance batteries (trade price £33.51 ex VAT). For retailers, there's a free pack of Dutch flower bulbs in each self merchandiser. And Varta are offering the consumer and trade a chance to win a holiday for two in Holland. Entry leaflets are included in the pack. *De Witt International Ltd, Seymour Road, London E10 7LX*



I would like to find out more about how the Tatung Pharmacists' package can help me. Please send me my full-colour brochure containing the facts.

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or telephone Sarah Jones on Telford (0952) 613111.

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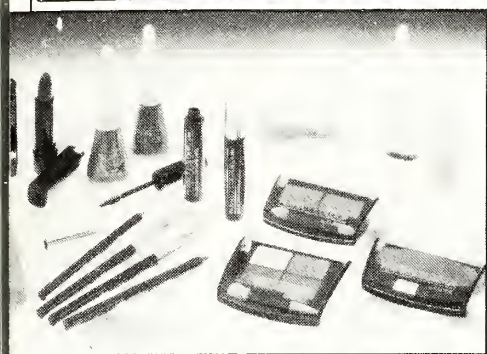
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Record budget for Perfect Colour by Cutex

A record promotional budget is to support the launch of Perfect Colour, a make-up range endorsed by the Cutex name.

Chesebrough Pond's say that the launch forms part of their commitment to a "major new product development programme and aggressive marketing thrust for 1985."

The range includes a liquid make-up in five shades (£2.50) and Perfect Colour by Cutex blush in four iridescent shades with a real hair brush applicator (£2.50). Eyeshadow in 30 colours is available as singles (£1.45) or in combinations of duos, trios and quads, and has an exclusive Siltex binder to seal the colour and

prevent creasing. Other eye colour cosmetics are eye pencils in four shades (£1.25) and mascara in two formulations — extra length or with sealer (£1.65). Perfect Colour by Cutex lipstick comes in 30 shades (£1.65) with lip pencils (£1.25).

For nails, there is one coat nail polish (£1.50) and regular nail polish (£1.40), both in 15 colours, accessories are supershine topcoat (£1.25), protective basecoat (£1.25), strengthener (£1.50), cuticle cream (£1.10), cuticle remover (£1.35), and emery boards (£0.43).

The brand is being supported by a £3 million national television campaign starting in June, backed by double page spreads in women's magazines and advertising in daily newspapers and Sunday magazines. A further £750,000 will be spent on below-the-line promotion. Chesebrough Pond's say this represents a level of support unparalleled in any previous cosmetics launch.

Priced in the lower/middle sector of the market, the range will be aimed at 20-34-year-old women. A gondola unit and a 30in counter unit will be available to aid self-selection. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.*

Robinson's Early Days part II

The second issue of *Early Days* will have a print run of 170,000 and is to be distributed nationally to chemists, clinics, and direct to mothers by Robinson's Baby Food advisers.

The 28-page colour magazine includes a "good value shopping guide" and carries an offer of a change bag with free toilet bag and pack of Baby Fresh wipes.

"Response to the first test issue of *Early Days* was very encouraging," say Robinson's, "especially from chemists, where almost a third of recipients asked for extra copies, as well as leaflets and posters to advertise the publication." *Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS.*

National support for Dulcolax

Windsor Pharmaceuticals Ltd are relaunching Boehringer Ingelheim's Dulcolax brand with £300,000 national Press and women's Press campaign.

The national campaign starts in April and runs to the end of the year.

Chemist & Druggist 30 March 1985

Advertisements will appear in *The Sun*, *Daily Star*, *News of the World*, *Sunday People*, *Sunday Mail*, *Sunday Post*, *Reader's Digest*, *People's Friend* and *Weekly News*. Women's Press support will start in September.

The campaign will be very high frequency with 89 per cent of the target market — all adults in the 25-60 age group seeing it some 28 times, says John Woodford, director of consumer products.

New style packaging has been introduced and the continuing sale of existing packaging will be promoted. New style suppository packs will be introduced in July, says the company. *Windsor Pharmaceuticals Ltd, Ellesfield Avenue, Bracknell, Berks RG12 4YS.*

Contactasol out on display

Contactasol have available a display stand for their contact lens products. The stand holds six of each of Contactasol's main solution products — Contactaclean 20ml, Contactasoak 120ml and Contactasol 60ml for hard and gas-permeable lenses, and Hydroclean 20ml, Hydrosoak 120ml and Hydrosol 10ml for soft lenses.

A coloured window sticker is included with the stand. *Contactasol Ltd, Ruxley Towers, Claygate, Asher, Surrey KT10 0TL.*

Macarthy's pull no punches

Macarthy's are introducing "Punch lines" on April 1, their "new streamlined, two part price list and order capture document" for Numark customers.

The catalogue will list approximately 2,000 fast moving brand leaders at competitive prices and will be issued to all Numark chemists buying through Macarthy's, the company says.

Punch lines includes PIP codes and both alphabetical and product grouped lists. Although the catalogue has fewer lines than the previous document this will not result in any existing lines ceasing to be offered. OTC products not in Punch lines will remain available on the normal case rate terms. *Macarthy's Ltd, Chesham House, Chesham Close, Romford, Essex.*



Aimed at boosting Spring trade, Roger & Gallet have produced a L'Homme coffret, representing a saving to the consumer of £5.50. Packed in a navy box, the four L'Homme products in the coffret are a 75ml eau de toilette, 50g shaving foam, 30ml shampoo and 30ml after shave balm. Bought individually, the products have a retail value of £15.25, but the offer price for the coffret is £9.75. *Bergal Ltd, PO Box 209, 3 Rhodes Way, Watford, Herts.*

Inecto expand

Inecto have added rosebay herbal shampoo for regular use and frequent use herbal shampoo to their range. Both have a retail price of £0.73 for the 100ml trial size and £1.21 for the economy 300ml. *Rapidol Ltd, PO Box 685, Hanwell, London W7.*

Why it's the wrong time month for to start stocking new period relieve

The market for period pain relief has been growing steadily for 15 years.

Right now, several new products are being launched.

But right now isn't the right time to start stocking them.

Because next month will see the arrival of Librofem.

It's made by Ciba and contains Ibuprofen, which is known to bring effective relief from the symptoms of period pain.

The reason it has taken a little longer to get Librofem to you, is simply that we've

ne of the you ing a pain

spent a little longer
getting it absolutely
right.

That meant conducting
months of research.

After talking to women
between the ages of 16 and
40, we were able to design
Librofem to meet the
specific needs of period pain
sufferers.

We also found out that
most women would rather
turn to you than their G.P.'s
for advice.

And that in recent years
they've turned increasingly
to general analgesics.

Last year alone, spending
on period pain relief grew by
37%.

Which explains of course,
the current flurry of activity
amongst new pain relieving
products.

And that's why we're
spending over £1 million in
advertising support for the
Librofem brand throughout
this year.

Getting the packaging
and marketing perfect did
take a little time.

But rather than arriving
a little earlier, we plan
on being around a lot longer.



LIBROFEM IS A PRODUCT FROM CIBA.

Body Mist's 'Update '85'

Body Mist 2's "Update package for 1985" is being rounded off with the introduction of an unperfumed roll-on (50ml, £0.99).

Both Body Mist 2 aerosols and roll-ons now come in four variants: wild fresh, dawn fresh, Spring fresh and unperfumed.

"The addition of the unperfumed roll-on completes another phase in the constant revitalisation of Body Mist 2, whereby the radical relaunch of 1982 is annually reinforced," says Beecham toiletries marketing manager, Ian McPherson. "This strategy of has helped to maintain the 1982 relaunch at peak."

Body Mist 2 is to be featured in a television commercial in April. Beecham Proprietaries-Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.



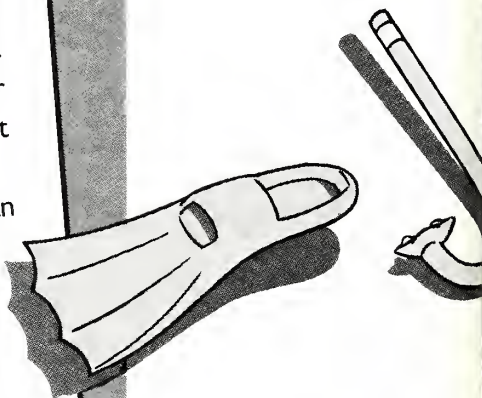
DIARRHOEA REMEDIES HAVE NEVER MOVED SO FAST

Enterosan in tablet form is the ideal choice for travellers. And as the basic P.O.R. has been increased by over 30% and generous bonus terms have been introduced for 1985, it's also the ideal choice for you.

Windsor Pharmaceuticals are giving Enterosan its biggest ever advertising push, reaching 90% of all holiday makers throughout the summer sales peak.

So get set for the 'holiday tummy' season; stock up with Enterosan and be prepared for the inevitable rush.

See your Windsor Pharmaceuticals representative or contact:—
Windsor Pharmaceuticals Limited, Ellesfield Avenue, Bracknell,
Berks. RG12 4YS. Telephone: 0344 50222. A Boehringer Ingelheim Company.



Seven Springs from Bronnley

Bronnley are launching seven Spring promotions to run from April to June.

Almond oil cologne (English fern or White iris) will feature 55p off, making the rsp £2.05.

A backing card with the catchline "There's no soap like Bronnley lemon soap," accompanies a promotional presentation of 50 lemon hand soaps in a wicker basket. Bronnley are offering customers 35p off an 85g lemon hand soap.

A specially branded pack will feature a full-size almond oil talcum powder (160g) and bubble bath (250ml) with a complimentary bottle of hand and body lotion (250ml) in the lemon verbena fragrance. The normal rsp is £6.55 per trio but on special offer £4.30 (complimentary hand and body lotion worth £2.25).

Special 115ml sizes of almond oil white

iris bubble bath and hand and body lotion have been twinned to sell at £1.50.

Promotional boxes containing 20 almond oil hand soaps in their own travel cases are available in assorted fragrances to retail at £0.89 per 75g soap.

Bronnley are offering a promotional pack of 27 sponge soaps (£2.70 each) featuring a saving of 55p per sponge.

A promotion on Honey and Beeswax soap offers the purchaser of three a complimentary 100g soap. *H, Bronnley & Co Ltd, 10 conduit Street, London.*



Soft & Pure pads hit '100'

Robinsons of Chesterfield have introduced Soft & Pure cosmetic pads in packs of 100s (£0.93).

Packaged in a drawstring bag, the 100s pack joins the 50s (£0.49). "Consumers who are regular cosmetic users often

prefer cotton wool pads, as their firm hold is useful both for applying, and removing make-up," says group marketing manager Ted Martin.

"With a 20 per cent share for Soft & Pure in the cosmetic pads sector of the total market, we feel pads are now sufficiently established to warrant the introduction of an economy 100s pack." *Robinsons of Chesterfield, Wheat Bridge Mills, Chesterfield.*



Unlimited Concepts in Packaging

for the Toiletries and Pharmaceuticals Industries

UCP provides the pharmaceuticals, toiletries and cosmetics industries with a most comprehensive range of purpose-designed containers and closures to the very highest standards. The UK's leading designers and manufacturers of safety closures such as Clic-Loc, and special Dispensing and Tamper Evident OTC packs for pharmaceutical products, UCP has built a solid reputation for producing innovative products that are designed for consumer protection and safety, with the pharmacist in mind.

For the toiletries and cosmetics industries a whole spectrum of packaging options are available, ranging from

standard packs for everyday items, to exotic containers in crystal-clear PET.

Standard container packs are available in a variety of forms to meet individual product requirements, and the scope for creative marketing and strong brand identity using standard packs is further enhanced with our wide range of advanced decorating options.

As sole UK distributor for Bramlage products, UCP is also able to offer a unique range of presentation packs for the cosmetics and toiletries industries plus the innovative dispenser 'pump-pack' for toothpastes and creams.

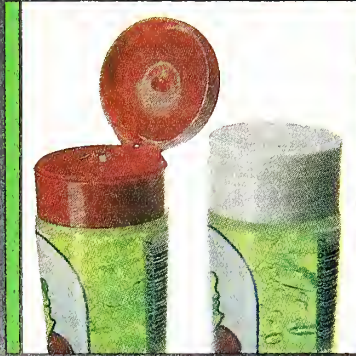
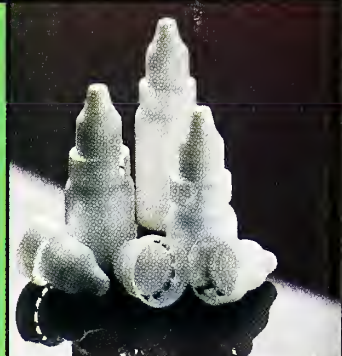
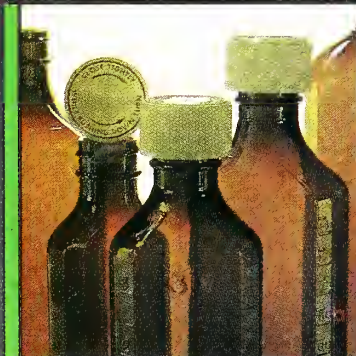
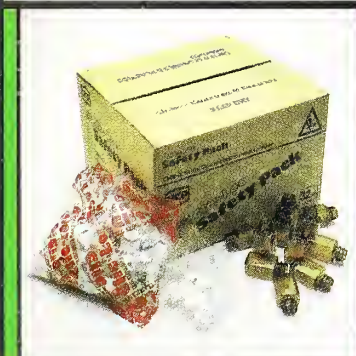
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COUNTERPOINTS



New look for Beechams hot lemon and Diocalm

Exceptionally high sales in the last three months have enabled Beecham Proprietary Medicines to bring forward the relaunch of Beechams Powders hot lemon, says the company.

The reformulated product will be phased into the trade during April and May. It will also carry a new name — Beechams Hot Lemon Cold Remedy (5 sachets, £0.81; 10 sachets £1.29). Consumer research showed users considered the established product to be effective and pleasant. However, non-users were reluctant to try it because they thought the flavour would be too medicinal. The product was, therefore, reformulated to give a better taste.

A pack has been chosen to communicate these properties.

Beecham are also relaunching **Diocalm** now with 500mg atlapulgit.

Diocalm has a 24 per cent share of a £6m OTC market which is growing at a rate of 19 per cent a year, says the company. The product is now in a two-tablet dose, with improved flavour and texture. To complement these improvements the brand has been repackaged to improve on-shelf visibility. Prices remain unchanged but packs are now 20s and 40s. The company expects to launch a national Press campaign. *Beecham Proprietary Medicines, Great West Road, Brentford, Middx.*

No change in the wind

The market for indigestion remedies and upset stomach products is still dominated by established brands with little change, according to Mintel's April marketing intelligence report.

The report divides the market into two overlapping segments: indigestion remedies which are alkali preparations and less specific stomach upset products. The total market was worth about £34m last year, say Mintel. Indigestion remedies accounted for £23m of that.

The market shows little real growth, with sales fairly constant throughout the year. Pharmacies account for some 60 per cent of indigestion remedy sales, say Mintel, the remainder distributed via the grocery and CTN trade. But this pattern is reversed with upset stomach remedies. Overall, sales are growing in non-chemist outlets.

In the indigestion tablet sector, Rennie is market leader with around 53 per cent of sales in 1984. The upset stomach segment is dominated by Andrews and Alka-Seltzer.

The advertising spend for last year is expected to be around £3.2m, most of which was on television. *Mintel Publications Ltd, KAE House, 7 Arundel Street, London.*

Chemist & Druggist 30 March 1985

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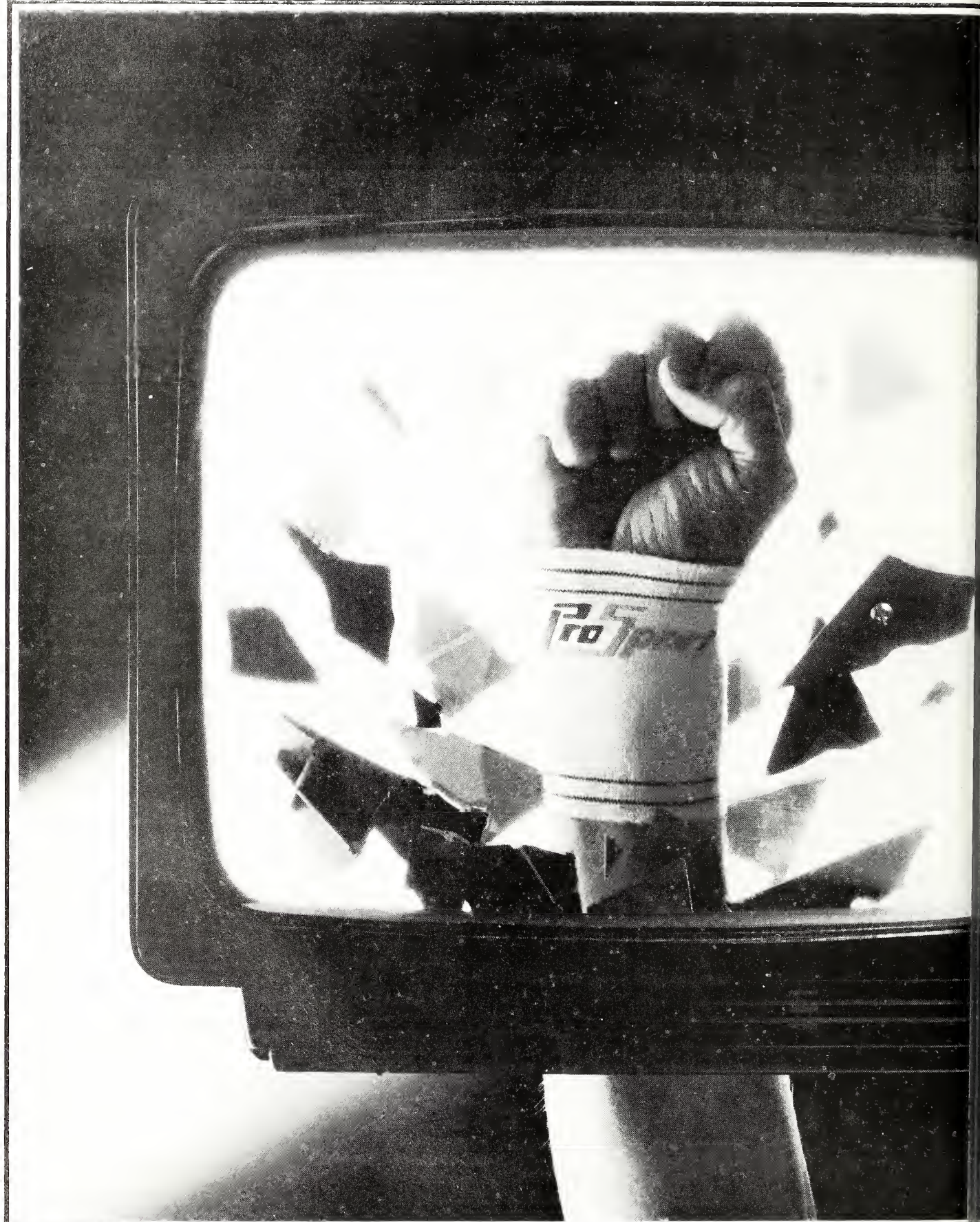
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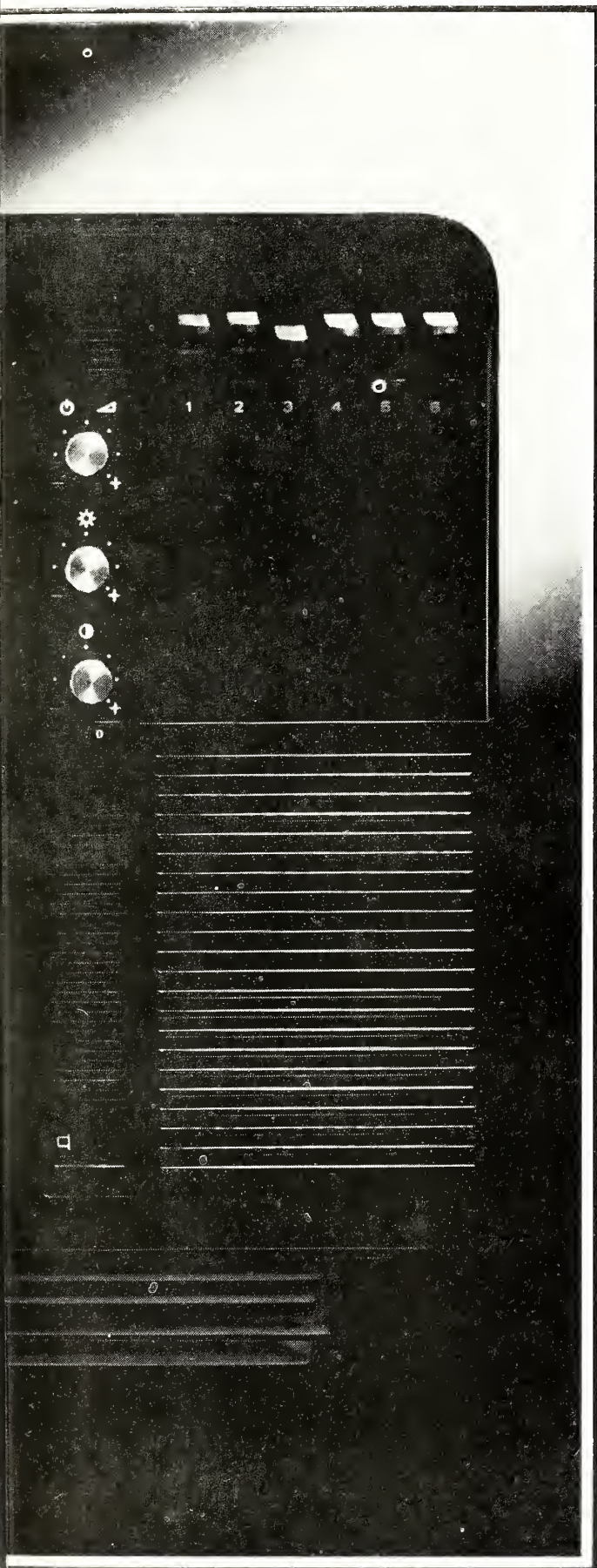
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Starting in April we're putting the ProSport range on the television and in leading sports publications. With a National Equivalent spend of £1.5 million. The range

includes knee, ankle, wrist, elbow and back supports, cohesive strapping and pre and post activity embrocation. In fact, everything the serious sportsman needs to



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port in mind shouldn't you be prepared
? Stock up with ProSport. And get ready
action.

WE HIT THE BOX IN APRIL

WHATEVER THE SPORT



Exelderm cream

Manufacturer Imperial Chemical Industries plc, pharmaceuticals division, Alderley Park, Macclesfield, Cheshire SK10 4TF

Description White, to off-white cream containing 1 per cent w/w sulconazole nitrate

Indications For topical application; contains an imidazole antimycotic with a broad spectrum of activity against the causative organisms of tinea pedis, tinea corporis, tinea cruris, pityriasis versicolor and candidiasis

Administration Massage gently into affected area and surrounding skin areas each morning and evening. For less severe cases it may be sufficient to use the cream once a day. Clinical improvement with relief of symptoms often occurs within one week. However, treatment should continue for two or three weeks after clinical cure to prevent relapse

Contraindications Hypersensitivity to the product or imidazoles

Precautions Treatment should stop if a reaction suggesting sensitivity or irritation occurs. If there is no clinical improvement after four weeks treatment the diagnosis should be reviewed. Avoid contact with the eyes. Should not be used in the first three months of pregnancy unless essential to patient's welfare

Side effects Occasional itching, burning, erythema, stinging and blistering.

Pharmaceutical precautions Store at room temperature

Packs 30g (£3.25 trade)

Supply restrictions Prescription only

Issued March 1985

Napp pack changes

From April 1, a 60-tablet blister pack of Phyllocontin Continus tablets (£3.61 trade) is to replace the Securitainer of 50.

Similarly a 60-tablet blister pack of Uniphyllin paediatric Continus tablets (£3.87) is to replace the Securitainer of 100 tablets, and blister packs of 60 Uniphyllin Continus tablets (£7.75) and Securitainers of 250 tablets (£32.28) replace Securitainers of 100. *Napp Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4BH.*

Camoquin tabs

Parke-Davis Research Laboratories have re-introduced their anti-malarial Camoquin, in tablet form.

The yellow, flat, round, film-coated tablets (100, £5.25 trade) each contain amodiaquine hydrochloride equivalent to 200mg of amodiaquine.

The drug kills erythrocytic forms of the four major species of *Plasmodium*. It is indicated for prophylaxis and treatment of acute attacks of malaria.

The recommended dose for prophylaxis in adults is three tablets as a single dose once a week. Children 15 years and under should take 10mg per kg body weight as a single dose each week. Dosage should be adjusted according to age. It should be continued for four to six weeks after leaving the malarious area.

See manufacturer's Data Sheet for treatment of acute attacks.

The product is Pharmacy only. *Parke-Davis Research Laboratories, Mitchell House, Southampton Road, Eastleigh, Hampshire SO5 5RY.*

Noltam tabs

Manufacturer Lederle Laboratories, division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS

Description White, round, biconvex, film-coated tablets containing tamoxifen citrate equivalent to 10mg or 20mg of tamoxifen. The 10mg tablets are marked "LL" on one face and "T4" on the other. The 20mg tablets have "LL" on one face and "T" and "5", either side of the score line, on the other

Indications, dosage, contraindications etc As for other preparations of tamoxifen. **Packs** 10mg tablets: 30 (£7.98 trade), 250 (£62.98). 20mg tablets: 30 (£12.30), 250 (£97).

Supply restrictions Prescription only
Issued March 1985.

Short-contact with Dithrocream

Dermal Laboratories are introducing a simplified short-contact procedure for the treatment of psoriasis with Dithrocream.

The company says it is becoming accepted that application of dithranol, (perhaps the most effective treatment for psoriasis) for a short period each day, can reduce problems of soreness, staining and messy application.

Half an hour before the patient's usual bath or shower, Dithrocream is applied sparingly to the lesions. It is then washed off at a time that fits in with the patient's usual routine.

Dermal have produced a patient booklet explaining the procedure and a

30-minute tape for GPs outlining the regime. Both are available from *Dermal Laboratories Ltd, Gosmore, Hitchin, Herts SG4 7QR.*

Benylin in 300ml packs

As a result of the limited list 300ml packs of Benylin with codeine (6, £12.24 trade; £3.49 rsp each), Benylin decongestant (6, £10.32 trade; £2.95 rsp each), Benylin expectorant (12, £20.63 trade; £2.95 rsp each) and Benylin paediatric (12, £17.76 trade; £2.55 rsp each) replace 2.25litre and 500ml packs, from April 1.

The new packs will be available from dispensing and OTC sales. Benafed is discontinued. The 300ml packs will be marketed by the self medication products division, Warner-Lambert Health Care. Sales enquiries and orders should be addressed to order control at Pontypool, as usual, say *Parke-Davis Research Laboratories, Mitchell House, Southampton Road, Eastleigh, Hampshire.*

Cox generic verapamil

Generic verapamil tablets are now available from Cox Pharmaceuticals.

The tablets come in strengths of 40mg (100, £4.46 trade), 80mg (100, £8.90) and 120mg (100, £13.64).

All strengths are yellow, biconvex and film-coated. The 40mg tablets are marked "G" on one side and "VL" and "40", separated by a breakline, on the other. The 80mg tablets have a "G" on one side and "VL" and "80", separated by a breakline on the other. The 120mg tablets have "G" on one side with "VL" and "120" on the other (no breakline).

The prescription only product is indicated for prophylaxis of angina pectoris. Information on special offers is available from local representatives or direct from *Cox Pharmaceuticals Ltd, Whiddon Valley, Barnstaple, Devon EX32 8NS.*

BRIEFS

Human Ultratard insulin 100 units: Novo Industri are introducing human Ultratard 100 unit strength insulin (10ml, £6.68 trade) on April 1. Distributors are *Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*



Suleo Lotions. Helping Pharmacists to Prevent Insecticidal Resistance in Lice.

It has been reported that the possible misuse of malathion and carbaryl will lead to lice becoming resistant to these insecticides in the same way that they become resistant to the organochlorines.* Most health districts or regions have a policy on the rotation of insecticides in order to avoid resistance.

Now International Laboratories have introduced Suleo-M Lotion (with malathion) and Suleo-C Lotion (with carbaryl) to offer a 2 hour total kill of lice with enhanced

prospects of patient compliance.

Not only does this meet the needs of pharmacists asked for advice, but International Laboratories have developed an on-line District rotation control system to guard against insecticidal resistance. Working in conjunction with Community Health staff, International Laboratories computer will notify community pharmacists of the optimal time to rotate their malathion and carbaryl insecticides.

Suleo-M and Suleo-C Lotions. A Major Step Forward in Louse Control.



*Reference: Wickenden J. "Nurse, why are the kids always getting nits?"
Health Visitor 1982, 55: 469,472,473,476

Another Guaranteed Product from International Laboratories



Cusson's Dry for the girls

Cussons have introduced two new female orientated variants of Imperial Leather Dry deodorants.

The range now comprises three choices — original, new dawn and unperfumed — each available in aerosol and roll-on versions. The new products take Imperial Leather directly into the female sector for the first time, say Cussons.

New colours are used on the packs — pink-on-white for the feminine-scented new dawn and blue-on-white for unisex

unperfumed. Original remains in the Imperial Leather ivory and red livery but in the new style.

All variants will be launched with 30-per-cent extra free packs. And buyers of Imperial Leather talc, bath foam or shower gel will qualify for a free sponge-on-a-rope offer obtainable by mail, in return for a proof of purchase from Imperial Leather Dry.

In May, 10p-off Imperial Leather Dry coupons will appear on twin-packs of Imperial leather soap. This will be followed by a women's Press campaign in June lasting throughout the Summer.

The new Dry products are available from April. *Cussons (UK) Ltd, Kersal Vale, Manchester.*

On the rocks

Coral reef colours is the name of the new Innoxia colour collection to be available in existing products for complexions, eyes, nails and lips.

The colours are divided into surf shades, with colours such as tawny rose, rich opal and blue lagoon and shore shades, with sea shell pink and ruby glow. *Innoxia (England) Ltd, 202 Terminus Road, Eastbourne, East Sussex.*

Complete Care back on screen

Complete Care hand and nail cream is being supported with a new television campaign.

The commercial is shot in black and white with the exception of the Complete Care pack which is shown in its pink and

cranberry colours.

The campaign, which follows television advertising last November and January, starts on April 8 and will appear on London, Central, Yorkshire and Harlech for four weeks. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*

ON TV NEXT WEEK

G Grampian	U Ulster	STV Scotland
B Border	G Granada	(Central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV am	IT Tyne Tees

Askit Powders:	TVS
Lipcite:	TVS, C4(TVS)
Migralift:	Y, C4(Y)
Super Poligrip:	STV
Vaseline petroleum jelly:	Bt
Vantage own-brands:	STV, C, HTV, C4, Bt
Wella Colour Confidence:	All areas
Wilkinson Sword:	All areas

Just Desserts

Beauty Basics have introduced the Just Desserts traveller (£4.25) containing bathing foam (30ml, £0.89) and two new products — shampoo (30ml, £0.89) and hand and body lotion (30ml, £0.95).

The bathing foam and shampoo are presented in transparent "jam" pots with silver caps, and the body lotion comes in a white pot. All three are available in cream of lime, peach or vanilla and are contained in a transparent pochette containing a white face flannel.

The hand and body lotion and shampoo miniatures are also available for individual sale. The merchandising unit for bath foam miniatures can also be used for displaying miniatures of the two new products. *Beauty Basics Ltd, Unit D, 51 Calthorpe Street, London WC1X 0HH.*

Vanish made more visible

Projectina's Vanish stain remover bar (£0.89) has a new look.

The white bar of concentrated stain-removing ingredients now comes in its own polystyrene soap dish. The white vacuum-formed tray is shaped to the bar and has drainage grooves in the bottom. The bar itself (now 75g instead of 115g) has been re-styled to a more appealing, handy



size, says the company. The Vanish logo has been embossed onto the bar.

The revamped soap joins the recently launched carpet and all-purpose cleaner, liquid Vanish super-concentrated dry-foam. *Chemist Brokers, 3 Copsem Lane, Esher, Surrey KT10 9EP.*

Chemist & Druggist 30 March 1985

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stick™**
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**Chemist
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Altacite. For rapid acid indigestion control.

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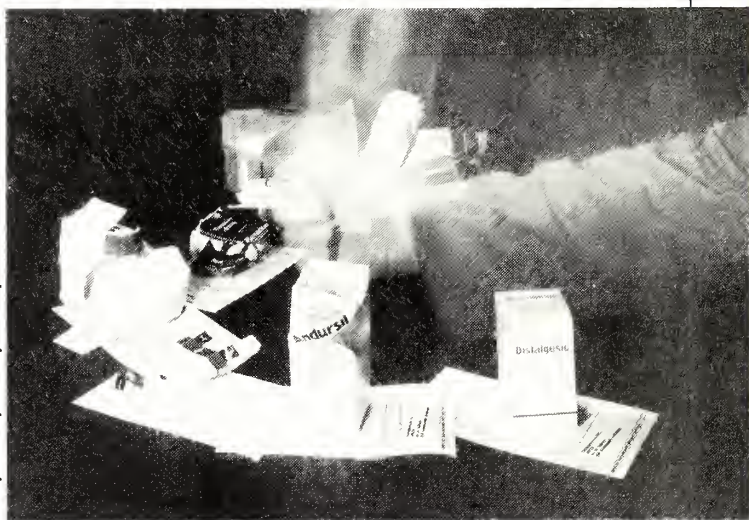
the altacite range

Advanced indigestion therapy



COUNTDOWN TO THE LIMITED LIST

A C&D SPECIAL REPORT



Anomalies remain in the white list

Pharmacist Stephen Chaplin gives a clinical assessment **634**

PSNC looks back, but not in anger

Alan Smith defends PSNC's support of a "paper tiger" **637**

ABPI and NPA look ahead...

...to a bleak future and some unanswered questions **638**

Two views from the shop floor...

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Mixed moves by manufacturers

A review of what's happening to brands **645**

Wholesalers state their case

Three wholesalers say what the list means to their companies **651**

A dispensing guide for pharmacists

What is acceptable, and what isn't after April 1 **654**

Since the limited list emerged unloved and unwanted upon an unsuspecting pharmaceutical world last November, a minor war has been waged on behalf of the health service. The industry and medical profession cried foul on behalf of the patient, the pharmaceutical profession appeared completely divided and the Department of Health held firm to its view that a comprehensive list would not compromise the basic ethos of the NHS.

The Association of the British Pharmaceutical Industry chose to react through a Press advertising campaign appealing alternately to the patient and the MP. Individual companies pressurised MPs and one, Roche, chose to send individual Members an unfortunate letter. The pharmacy profession decided to co-operate in getting the white list extended and the Regulations to implement the change drawn up, while doctors decided to take a vow of silence, breaking it only at the eleventh hour. The public's response has been strangely muted so far. Will that silence continue after April Fool's day? We suspect that it will be broken by patients when they "hit" the community pharmacy with their scripts.

In this feature on the limited list, we allow some of the protagonists in the four-month battle to have a final say before facing the "Brave New World" of white list and blacklist. Drug information pharmacist Stephen Chaplin reviews the list to see if it fulfils the claim of Secretary of State Norman Fowler that it meets all clinical needs. A Guide for the community pharmacist to implement the list concludes the feature. Whether the list is the great "white" hope of the profession, the death knell of the pharmaceutical industry, or a "paper tiger", will be revealed in the months ahead.

LIMITED LIST OF MEDICINES

The Government has ruled that from 1st April 1985 many medicines for minor ailments and certain tranquillisers may not be prescribed or dispensed on National Health Service prescription.

Examples of disallowed medicines are:

- COUGH AND COLD REMEDIES**
Most branded and unbranded oral medicines
- INDIGESTION REMEDIES**
Most branded and some unbranded medicines
- MILD TO MODERATE PAIN**
Most branded and some unbranded analgesic preparations
- LAXATIVES**
Most branded and unbranded oral



NHS Newsletter 4/85

LIMITED LIST OF PRESCRIBED MEDICINES
Amendment to the NHS (General Medical & Pharmaceutical Services) Regulations 1974

FORM NHS/LL/1

NATIONAL HEALTH SERVICE
ENGLAND AND WALES
NHS (GENERAL MEDICAL AND PHARMACEUTICAL SERVICES)
AMENDMENT REGULATIONS 1985

LIMITED LIST

The attached prescription contains an order for:

PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE
ADMINISTRATIVE OFFICES: 59 BUCKINGHAM STREET, AYLESBURY, BEDS HP20 2PJ
CENTRAL CHECKING BUREAU: CROWN HOUSE, 47 CHASE SIDE, LONDON N14 5BP
Tel: (0296) 32823
Tel: (01 862) 30880
Secretary: STEPHEN R. AXON LLB BPharm MPS
April 1985

included in Schedule 3A of the
substituted then an equivalent

scribed but included in the
ations, for example,

Anomalies remain in the revamped white list

Antacids

Five antacids — aluminium hydroxide, magnesium hydroxide, magnesium trisilicate, sodium bicarbonate, and alginates — are available in sixteen formulations, either as branded mixtures or generic BP formulations.

There is little, if any, doubt that the products in this category are equally effective as antacids. Hydrotalcite (now blacklisted) has been claimed to offer the unique advantage that it binds bile acids, and is therefore useful in the management of bile reflux.

However, due to brand loyalty, it is logical to expect that many people will not welcome the choice between a prescribable substitute or OTC purchase of their favoured brand.

For those who only occasionally require an antacid, increases in prescription charges will provide an incentive to visit the pharmacy rather than the surgery. Those exempt from charges, however, will be unlikely to take this option and may have no choice but to accept a substitute.

Is this, then, an example of the "second class health service for the poor" some claim will develop? Such claims are unjustified. The limited list includes simple mixtures with flavouring agents (eg magnesium trisilicate mixture and tablets) as well as less basic formulations (eg Gaviscon liquid and tablets). It is difficult to think of circumstances in which this range cannot provide an acceptable antacid.

It is noteworthy that no silicone-containing products (eg Kolanticon Gel, Andursil products) are included in the white list. These products are claimed by virtue of their surfactant properties to be of value in treating abdominal discomfort arising from gas. However, their efficacy in managing these uncomfortable but mild symptoms has not been clearly demonstrated. They are certainly not superior as antacids to the prescribable products.

Laxatives

The provisional list included only two laxatives — glycerol suppositories and methylcellulose granules. Few would argue that this worthy duo could meet the variety of genuine indications for laxatives now recognised. The amended list contains

The provisional white list, announced in November 1984 allowing only 31 drugs to cover seven therapeutic categories, was roundly condemned as archaic and inadequate since it contained several old-fashioned products at the expense of newer drugs. The expanded white list, published in February, is a guide to over 100 drugs prescribable on the NHS. In this article, Mr Stephen Chaplin of the regional drug information unit, Royal Victoria Infirmary, Newcastle-upon-Tyne, looks at how far the revised list goes in meeting the needs of patients and the objections of the critics.

twenty-three products, including a range of bulk or stimulant laxatives, and a rather narrow but adequate selection of softeners, osmotic laxatives and suppositories.

The bulk laxatives include methylcellulose, isphagula, sterculia, and psyllium in nine branded formulations, providing for virtually all preferences. The stimulant laxatives include bisacodyl, senna and danthron, but not products containing aloes, cascara or rhubarb. Similarly, phenolphthalein- or castor oil-based products have been excluded.

Although many of the proscribed products are long-established, their merits in comparison with modern drugs are dubious. Products prepared from plant extracts are of uncertain stability and variable potency. Phenolphthalein, which undergoes enterohepatic recirculation and castor oil, which may cause very severe purgation, are rightly relegated to the back shelf.

The only softening agent in the list is docusate sodium although Dorbanex formulations include poloxamer 188 as well as danthron. Liquid paraffin is not included. Lactulose solution and the more rapidly acting magnesium sulphate, osmotic laxatives especially useful in the management of liver failure, remain

prescribable. Only two suppositories, bisacodyl and glycerol, are included.

A notable exclusion is the Dulcodos and Dulcolax ranges containing bisacodyl and docusate sodium. It seems illogical that some stimulant-softener combinations should be prescribable, but not others.

Vitamins

This list of vitamin preparations has been largely restricted to products containing only one or two vitamins, and of these, many are prescribable only by generic name. Exceptions are made for Abidec and Dalivit drops, both useful in young children, and the generic vitamin capsules BPC. Cyanocobalamin tablets and injection have been omitted, with hydroxocobalamin (injection only) selected in preference — cyanocobalamin is variably absorbed by mouth, and is more rapidly eliminated.

The range of vitamin products available is adequate for the treatment of all specific deficiency states. It is important to note that combinations of iron with folic acid (eg Pregaday) remain available on prescription, whereas similar formulations plus vitamins (eg Pregnavite) do not. This omission is surprising, since Pregnavite Forte F is one of the few nutritional supplements to have been shown to be of benefit in reducing neural tube defects in neonates.

Bitters and tonics

The value of placebos in therapeutics has long been recognised. Doctors may now only prescribe two varieties of gentian mixture, distinguished by their pH.

No real harm will be caused to any patient who now finds that the usual tonic is unavailable, although some, possibly more so the elderly, may be distressed by this.

Cough and Cold Remedies

A very large number of branded cold remedies will not now be prescribable, including long-established products such as Benylin, Actifed and Tixylix, although diphenhydramine co expectorant, a generic alternative to Benylin, is not blacklisted.

These combinations of a sympathomimetic with an antihistamine, and sometimes also with an expectorant, have no logical foundation in pharmacology.

LIMITED LIST



In preference, the white list includes products with a single component — a specific product for coughs, such as codeine or pholcodine; a specific nasal decongestant, pseudoephedrine; one expectorant, ammonium chloride; and one demulcent, simple linctus. No sedative is included in the list for treating coughs and colds and, logically, none has a place.

It is doubtful whether any of the preparations available in this category are more effective than the many proprietary preparations excluded.

Their merit is that unnecessary medication is avoided. Depression of the CNS by an antihistamine does not necessarily antagonise stimulation by a sympathomimetic, but may instead cause confusion and disorientation.

Two inhalations, menthol and eucalyptus mixture, and benzoin, are included, but any difference between the two is not readily apparent.

Two topical decongestants, ephedrine and oxymetazoline, are available in two concentrations, 0.5 and 1 per cent. Although they differ in pharmacological activity, there is no clear difference in efficacy. Ephedrine is more likely to cause hypertension and CNS stimulation, whereas oxymetazoline may cause CNS depression and hyper- or hypotension, and is also more likely to cause a rebound nasal congestion when treatment is stopped.

Analgesics

The restriction on prescribable analgesics does not refer to drugs used mainly for the treatment of rheumatic disease.

Only two drugs have ever been widely accepted for the treatment of mild pain — aspirin and paracetamol. Aspirin may now only be prescribed by generic name. Paracetamol tablets BP are available, but the generic syrup formulation is considered so unpalatable by many that a range of branded products, notably Calpol Infant suspension, may also be prescribed.

Combinations of aspirin or paracetamol with narcotics like codeine or dihydrocodeine have proved popular with prescribers, although others claim such combinations are no more effective than aspirin alone.

The limited list will no longer allow Codis or Paracodol, but aspirin plus codeine or paracetamol plus codeine instead. Similarly, Pamol is now available only as dihydrocodeine plus paracetamol. Many feel these combinations provide intermittent relief analgesia in rheumatic disease not wholly controlled by anti-inflammatories.

Codeine and dihydrocodeine are effective narcotic analgesics but are not suitable for continuous long-term treatment.

Both are constipating, and codeine in particular is habit-forming. It is to be hoped that the use of these drugs does not increase as a result of their inclusion.

Dextropropoxyphene, and its combination with paracetamol, have been included in the list by popular demand. Distalgesic remains the analgesic most frequently prescribed, despite substantial criticisms. Although marketed for many years, there is still no convincing evidence that it is more effective than aspirin. Notably, the combination of dextropropoxyphene with aspirin is not included in the list.

Pentazocine is the only mixed agonist-antagonist to remain prescribable for moderate pain.

Equagesic and Lobak are no longer available. They combine drugs with central activity (antidepressants, antihistamines, sedatives) with peripherally-acting analgesics. Logically, if pain is controlled appropriately, a patient need not suffer lack of sleep, or become depressed.

Benzodiazepines

Of all the categories in the list, the proposed restriction on benzodiazepines excited least controversy. There has been a growing concern about the number of "me-too" brands available and a growing awareness of the severity and prevalence of the unpleasant withdrawal symptoms associated with them.

Chlordiazepoxide is valuable in the management of alcohol withdrawal, but offers no other advantage over diazepam. Lorazepam, oxazepam and temazepam each have half-lives of up to 20 hours, and are useful as hypnotics since they cause less hangover than longer-acting drugs. Three alternatives appear unnecessary, but lorazepam is said to cause very severe withdrawal — sudden prohibition would create unnecessary distress.

Triazolam is short-acting (half-life 2 hours) a useful hypnotic for the elderly).

Nitrazepam's half-life is between 15 and 38 hours. As a hypnotic its use is illogical. As an anxiolytic, a long-acting drug such as diazepam is preferred. The inclusion of nitrazepam is therefore unnecessary.

A sufficient variety of formulations remains available to satisfy most needs. This may be particularly important in an area in

which capsules may be seen as more effective than tablets, or green ones better than orange. All parenteral and rectal formulations remain prescribable.

OTC prescribing and the limited list

Many people will consult pharmacists in the belief they can no longer receive effective treatment from the NHS. This is clearly not the case for the vast majority of patients.

For those who are convinced they need a blacklisted product and will pay for it, the pharmacist may be faced with a customer who requires no professional opinion. Others may welcome advice.

The choice is clear. Inasmuch as the limited list provides effective but inexpensive medicines, it is a sound basis when counterprescribing. This is particularly true of the antacids, laxatives and vitamins. Some people place a higher premium on presentation than economy and they will therefore favour branded alternatives. Others care little about how the drug looks as long as it works.

The range of cough and cold remedies in the list is narrow and may therefore be somewhat inflexible for individual needs.

People may well have found that they tolerate their favourite brand well, and caution must be exercised in substituting an alternative. It is also important to remember that, although codeine and pholcodine are less sedating than the antihistamines, drowsiness may still occur.

Pharmacists who are consulted by people unhappy with a replacement prescribable benzodiazepine should be cautious. Except for lorazepam, there is no known problem in substituting one benzodiazepine for another, providing half-lives are appropriately matched. Pharmacists should not be tempted to counterprescribe alternative hypnotics, such as promethazine or other antihistamines, since these drugs have undergone relatively little scientific evaluation in this context.

There are anomalies in the list, but few mitigate against patient's interests, at least on the grounds of efficacy, safety and acceptability. It is to be hoped that a mechanism will be established to remedy such failings when they come to light.

D.H.S.S. NEW REGULATIONS



Lactulose solution BP has been approved for NHS use by the DHSS.

Duphalac, the No. 1 brand of Lactulose solution BP will continue to be available after 1 April to fill lactulose prescriptions.

Each pack will now carry an additional label stating Lactulose solution BP

NEW

Prices are now as follows:

	NHS price
300ml	£1.94
1 litre (Drug tariff price)	£5.82
5 litre	£29.10

duphar  **lactulose**
The clear solution

duphar

Further information is available on request to the company
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: (0703) 472281.



List principle in line with the Charter

The Pharmaceutical Services Negotiating Committee has come under attack for backing the principle of the list from the outset. Chief executive Alan Smith sets out the rationale for doing so and predicts the limited list may yet turn out to be a "paper tiger".

Both negotiations and politics are the art of the possible. As soon as the limited list proposals were announced, a political judgment had to be made on whether the Government was intent on implementing the policy, or whether it could be persuaded to change its mind.

In PSNC's opinion, the decisions on "principle" had already been made. The outcome of the limited list would be in line with PSNC policy on generic prescribing, and also in line with the Pharmacists Charter calling for an extension of the pharmacist's role — both as an adviser on minor ailments and an adviser to the medical profession on rational prescribing. So the policy was welcomed by chairman David Sharpe at our annual dinner in November.

The letter sent to the Minister following the dinner listed PSNC's reservations and all but two of those reservations have since been met, in whole or in part, including the substantial increase in the items that are still prescribable. The original white list was inadequate and contained many illogicalities.

Lack of consultation

I personally took no offence at the lack of consultation because it is a function of Government to enunciate policies and principles. But I would have been very offended if the consultations had not taken place on the content of the list and the administrative or remuneration details. My original observations were mixed. They consisted partly of disbelief that a Conservative Government had made the proposals, but also of admiration for those who had had the courage to do something positive about the escalating cost of the Health Service.

The majority of the expenditure by FPCs is on the cost of drugs and this exceeds the professional fees paid to doctors,

pharmacists, dentists and opticians. So drug costs were an obvious target for economies, particularly as neither industry, doctor, pharmacist, wholesaler nor the patient has any incentive, other than as tax payers, to reduce the drug bill.

The reaction of the "grass roots" pharmacists was initially against the limited list, mainly because of unfounded fears of the adverse effects it would have on the viability of their business. Many estimates of a reduction in prescribing volume of 25 per cent and similar reductions in drug costs were being spoken of — these estimates are very far from the truth. The combined statistical knowledge of PSNC consultants and the Department is that the limited list will at best cause prescription numbers and drug costs to level out: neither will be reduced.

PSNC members and staff spent many long hours studying the white list, the blacklist, the draft Regulations, and Health circulars. We were pleased at the appointment of David Coleman, vice-chairman of PSNC, to the Minister's advisory panel.

The effect of the limited list will be to

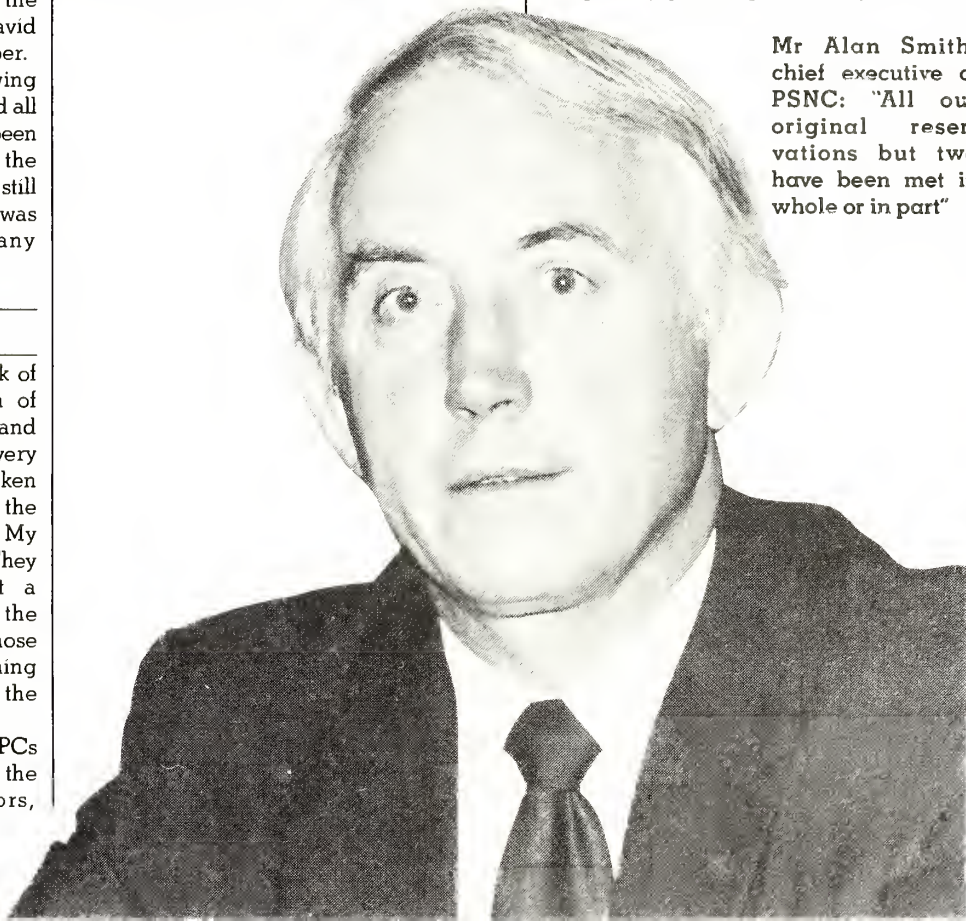
expand the role of the pharmacist through more involvement with patients and through encouraging dialogue with prescribers. It will draw greater attention to community pharmacy from the pharmaceutical industry. The number and tone of advertisements to pharmacists and the number of pharmaceutical industry sponsored seminars for pharmacists, is an indication of the greater importance that pharmacists will play in the treatment of minor health ailments.

I think that the likely savings from the limited list will be much smaller than the forecast amount. Perhaps the limited list will end up being a "paper tiger" because there are still many loopholes (eg prescribing by ingredients not on the blacklist — extemporaneously written prescriptions may still be met by an item in the blacklist).

This does give a degree of flexibility to prescribers to assist those patients who are truly disadvantaged. My main fear is that if these and other loopholes are used excessively, then this flexibility will go. If the loopholes are replaced by a legal appeal procedure, the cost of so doing would serve to undermine the potential savings.

There are other matters of concern. In particular, I would mention that procedures for amending the blacklist have not been finally settled. If the savings which have been forecast do not materialise, then the blacklist may be extended to cover other therapeutic groups or there may be a further extension of compulsory generic prescribing.

Mr Alan Smith, chief executive of PSNC: "All our original reservations but two have been met in whole or in part"





April 1 massacre

Peter Lumley, the "public relations" man at the Association of the British Pharmaceutical Industry, must surely have been one of the busiest men in the country over the past months. Here he gives one last cry from the heart.



Peter Lumley

April 1 is almost upon us. It is a day that will be regarded by many as a sad day for British medicine, a sad day for NHS patients and a sad day for tax payers. For in the weeks ahead the full implications and effects of the limited list will emerge in surgeries and pharmacies throughout the country.

The reassurances, repeated by Government Ministers over the past few months, that the limited list will not harm patients, doctors, pharmacists, or pharmaceutical manufacturers will be exposed to the acid test of experience.

The ABPI — as well as the BMA — has been accused by Tory Ministers of creating unnecessary fears among patients. Now the public will have a chance to judge for themselves. By using its massive Parliamentary majority the Government has steam-rolled these controversial measures through in spite of the barrage of protest

from many quarters, not just pharmaceutical manufacturers.

Patient reaction will, almost certainly, become visible immediately, but the real tragedy is that the damage these proposals will do to British medical research and investment will not become apparent for months, if not years — and by then the current Government health ministers will have moved on and will escape blame.

Since the measures were first published last November pharmaceutical companies have either cancelled or postponed investment projects to a value of £143m. A number of companies will inevitably have to make staff redundant — it is likely that at least 2,000 jobs, even more, are at risk.

In the weeks and months ahead the ABPI, for its part, will do everything it can to ensure the Government does not go back on its commitments and extend the limited list

concept into other therapeutic areas.

There has been talk of an appeals procedure being negotiated between the DHSS and the BMA to enable doctors to override the blacklist to meet the exceptional requirements of a number of patients. Even if the appeals procedure materialises, there must be a question mark over whether the products will remain available, either because manufacturers have ceased to produce them or because community pharmacists have ceased to stock them.

Also what is to happen to those products covered by the limited list scheme that are still subject to product licence applications? Even if they obtain a licence under the current arrangements, will they have to survive a further hurdle in the shape of another Government bureaucratic committee that will assess need and cost. This element is bound to have a detrimental effect on research and innovation.

It has been argued that because the British market represents less than 4 per cent of the total world market, companies will go on researching in those areas because of the international demand. That may well be true but there will be no incentive for companies to introduce those products and those innovations in the UK.

NHS patients, who have in the past benefited from the fact that many new innovations have been introduced in the UK, will now go to the back of the queue for the therapeutic advances that may be achievable.

A curate's egg?

Tim Astill, director of the National Pharmaceutical Association, from the outset said the list concept was like 'a curate's egg.' He now tests it to see if it is hardboiled.



Tim Astill

When the Government announced its limited list proposals last November the National Pharmaceutical Association, like everyone else, was taken completely by surprise. In our initial reaction, we expressed concern about the likely effects of the proposals on patients and on the pharmaceutical industry, and forecast a significant increase in OTC sales of those drugs no longer available on NHS script.

But, like pharmacists, proprietors of supermarkets, drug stores, and other non-pharmacy outlets would try to take advantage of the new situation, we warned.

The NPA board decided that little would be gained by trying to persuade the

Government to change its mind over the principle of restricted prescribing.

The NPA's approach, like that of the PSNC and the Pharmaceutical Society, has been to persuade the Department that its initial white list was inadequate and would leave very significant therapeutic gaps. The Pharmaceutical Society documents, prepared by the Department of Pharmaceutical Sciences, must have been effective in getting the white list expanded.

The NPA emphasises, particularly, the need for pharmacy contractors to be compensated for any "dead" stock.

We now have a "Great British compromise" which, like all compromises,

satisfies no-one but tends to reduce the level of dissatisfaction so that most people can live with it. There will undoubtedly be problems and pharmacists will be in the thick of the dust until it settles. It will fall to pharmacists to reassure patients who query the changed appearance of their medication.

Pharmacists will face the wrath of GPs who find their scripts cannot be dispensed. Pharmacists will bear the cost of blacklisted preparations dispensed in error, and pharmacists will be the ones to unravel the many outstanding questions.

But the dust will eventually settle and until then several questions remain. Will the Government save what it wants to save? Will script numbers fall significantly? Will manufacturers succumb to the pressure of advertising OTC branded medicines more extensively and distribute them more widely? Will net NHS remuneration fall? Will manufacturers go bankrupt? Will doctors decide to prescribe more potent, more expensive products in place of those which are no longer allowed? And, most important of all, will the elderly and the needy really be able to obtain adequate medical treatment from "their" NHS? Time will tell!

ANNOUNCEMENT FROM
PHARMAX LTD.
AS FROM APRIL 1st 1985 -
AVAILABLE ON N.H.S. PRESCRIPTION

MUCOGEL[®]

ANTACID SUSPENSION

- EFFECTIVE ALUMINIUM AND MAGNESIUM HYDROXIDE COMBINATION
- PLEASANT MINT TASTE
- DOSAGE - 10-20 ml t.d.s.
- ECONOMICAL

Prescribing Information - Presentation: A white mint flavoured suspension. Each 5 ml contains: Aluminium Hydroxide equivalent to dried gel B.P. 220 mg, Magnesium Hydroxide B.P. 195 mg. **Uses:** Antacid therapy in gastric and duodenal ulcer, gastritis, heartburn, gastric hyperacidity. Treatment of indigestion. **Dosage and administration:** Usual adult doses are: 10-20 ml three times daily, preferably between meals and at bedtime, or as required. **Contra-indications, warnings, etc:** Mucogel should not be used in patients who are severely debilitated or suffering from kidney failure. Antacids inhibit the absorption of tetracyclines and vitamins and should not be taken concomitantly. Gastrointestinal side-effects are uncommon. Unnecessary drug therapy should be avoided in the first trimester of pregnancy. **Pharmaceutical precautions:** Mucogel suspension may be stored at room temperature. Do not freeze. **Legal category:** GSL **Package quantities:** Suspension: Bottles of 300 ml. **Further information:** Mucogel is a pleasant-tasting, well tolerated antacid containing balanced quantities of Aluminium and Magnesium. This formulation minimises the problems of diarrhoea or constipation. **Product licence number:** 0108/0074. **Basic NHS Price:** 300 ml £1.48.



PHARMAX LIMITED Bourne Road Bexley Kent DA5 1NX



The Green Cross
is your guarantee that this is
a registered pharmacy and
that there is a pharmacist
available to help and advise you.

Your pharmacist has specialist knowledge of medicines and is professionally qualified to dispense your prescription.

And when you need help to treat a minor ailment, ask your pharmacist's advice.

Remember, only your pharmacist can sell really effective medicines, which do not require a prescription.

Important announcement **for N.H.S. patients**

NEW PRESCRIPTION CHARGES

The charge per prescription item is now increased to £2. Although the pharmacist collects this fee from you, it is a direct contribution to the National Health Service.

(Exemptions from charges remain unchanged)

NEW PRESCRIPTION RESTRICTIONS

There is now only a limited list of medicines available on the N.H.S. Your pharmacist will advise you on any change in your usual prescription, appreciating your patience with any dispensing delays that may result.

NON-PRESCRIPTION MEDICINES

If you decide to purchase a medicine rather than pay the new prescription charge, the pharmacist will help you to select an appropriate remedy for any of the following minor ailments affected by the new N.H.S. restrictions:-

Coughs, Colds, Indigestion,
Constipation, Vitamins, Tonics
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Two views from the 'shop floor'

Most pharmacists are by now familiar with the arguments for and against the Government's proposals to limit the number of products which will be available after April. Here two community pharmacists, Jerry Shulman of London and David Morgan of Guildford set out their opposing views of the list

Derek Morgan says —

Politics plays an increasing part in the management of the NHS. Undoubtedly, Mr Fowler sees support or opposition to his proposals mainly in parliamentary terms and in scoring points with the Prime Minister.

In political terms, the opposition from the pharmaceutical lobby was expected and welcomed, and turned to the Government's advantage. Personally, I have been greatly saddened by the distortions and untruths ministers have made in Parliament and the media to justify their actions. But then truth is usually the first casualty in any war.

Like most pharmacists, I have separated out my blacklisted items, and am appalled at the amount of stock involved. No way is the majority of it going to be sold over the counter or privately prescribed. It is going to become dead and useless overnight. Repeat that in every pharmacy in the land and the waste is going to be monumental, and all at our expense too, as it is unlikely that much compensation will be dragged out of this administration.

The effect on the industry is going to be very severe. Not only has research and development been threatened, but unemployment must follow such butchery. Indeed, of the £75m saved on one part (drugs) of the DHSS budget, it is estimated that £50m will go straight on another part (unemployment and redundancy), leaving an overall saving this year of less than £25m. Is it all worth it, one may ask?

More worrying, having got this little exercise under their belt and got a pat on the back from "She Who Must Be Obeyed", ministers will almost certainly be looking at other product groups. In 12 months time we may expect to go through the whole business again. For example, no expensive antibiotics like Amoxil, just penicillin V or tetracycline. No expensive beta-blockers like Tenormin, just cheap propranolol. The scope is endless once you start and hands up all those who can be naive enough to think it will never happen?

Having suggested alternative methods to cut the drugs bill, we will probably get the worst of all worlds and get many of those proposals imposed as well.

Mark you, it infuriates me to see doctors

wasting money by prescribing 12 months supply of medication at a time, with no restriction at all. In effect this tells patients "Go away for a year and don't bother me."

If the medical profession had acted more reasonably, we might have been spared much of the present aggravation. For in curbing much of the doctors right to prescribe, it is pharmacists who are picking

Jerry Shulman says —

Serious problems surround the use of prescription drugs, and there are far too many for GPs to make rational choices.

The BNF lists no less than 68 antacids, 176 mild analgesics and 97 benzodiazepines. Too many act alike and look alike. There are too many drug combinations which serve no purpose than to obtain a share of a saturated market.

Remembering and prescribing brand names has little to do with rational prescribing or the use of effective drugs. The drugs industry spends £6,000 annually on advertising to each GP in the NHS to promote brand names. This has not improved the quality of prescribing, as reports indicate that 50 per cent of psychotropic and antibiotic prescriptions are inappropriate and should, therefore, not have been prescribed. At the same time we find that one in every twenty hospital admissions, and one in every 40 GP consultations, result from the adverse effects of prescribed drugs, 70 per cent of which should have been either predicted or presented by the prescriber.

Hospitals have long used limited lists. These are made up of drugs chosen for their efficacy, safety, need and economy as the most appropriate. They exclude those drugs that are ineffective, unsafe or simply overpriced versions of existing drugs. There is provision for new and more and more effective drugs to replace older ones which have outlived their usefulness.

It is no longer acceptable to say that a drug is effective or needed simply because doctors prescribe it. The UK Joint Formulary Committee considered that 24 per cent of the 2,000 branded drugs they evaluated were "less suitable for prescribing, because of

up much of the financial tab, the medical profession escaping financially scot-free. One consolation is that many doctors also feel they have brought this action on themselves by their previous irresponsibility.

I fear that the next few weeks are going to see the correspondence columns of the pharmaceutical Press full of howls of protests from pharmacists as they see the impact of the limited list on their patients and prescription numbers with virtually no compensating increase in private dispensing and only a small increase in OTC sales, and that mainly in the cheaper items.

What is certain is that things will never be quite the same again.

uncertain, doubtful or little value." What is revealing is that the drugs on the blacklist are the very ones excluded from most hospital drug lists and indeed agree with the recommendations of the BNF. The BMA and the Pharmaceutical Society are co-authors of the BNF, and have gone on record to oppose their own recommendations.

It can be argued with justification that the list is too "limited," and might easily have been extended to include more important groups of drugs such as NSAID's, diuretics and β blockers. It might have included the principle of generic substitution as recommended by Greenfield.

The PSNC has intimated that the long term effects of the limited list will have no adverse effect on the financial viability of community pharmacy. The forecast balance sheet for 1985-86 shows an increase in the number of prescriptions of 1 per cent rather than the anticipated 4 per cent. The increase in average net ingredient cost is therefore likely to be less than normal. This will tend to slow down the rate of increase of the number of prescriptions as well as the NIC. In this case, remuneration will be adjusted accordingly by making additional monies available from the other half of the global sum. Any reduction in oncost would remain in the balance sheet, and be paid out in some other form.

The reduction in stockholding will improve the cash flow for most pharmacists. The problem of dead stock will need to be negotiated, and this is currently being considered by the PSNC. It is in the professional interest of pharmacists to support these first faltering steps on the road to limited list prescribing, and work for the list to be extended. We should also lend our weight to a policy of generic substitution, as our contribution to improving the quality of patient care in the field of medication.



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**LIMITED
LIST**



OTC or not — mixed moves on blacklist products

The limited list has made a large number of previously prescription based 'P' products unavailable on the NHS. Manufacturers have been faced with the option of discontinuing such lines, moving them into the OTC areas, or for the time being, letting them be.

No doubt the more popular brands will survive, but there must be question mark against lesser known products. And there is also the question of whether a company used to selling ethical products can adapt to the faster pace of mainstream retailing. No longer does the doctor determine demand.

The first hurdle is the wholesaler, negotiating terms and discounts that suite him. And then the retailer must be convinced the product is sound, and reasonably priced and promoted.

Prescription products that have been blacklisted probably face a bleaker future. Whether they will be reduced in price to compete with generic brands, or gradually be withdrawn from the market remains to be seen. A number of companies are anticipating private prescription demand.

Bencard are moving their disallowed vitamin and antacid products into the OTC sector. The products involved are the **Orovite** and **Juvel** ranges, **Vitavel** liquid, **Nulacin** tablets and **Prodexin** tablets.

All these products have enjoyed substantial prescription sales for many years and have had significant counter sales in

many pharmacies, the company says.

Bencard intend to follow their present policy of pharmacy only distribution and will concentrate marketing resources to increase private prescription demand and counter prescribing. The products have been restyled and cartoned to improve their visual appeal for counter display, and in the case of **Orovite 7** a new size of 10 once-a-day sachets will be added to the existing 30 pack.

Orovite 7 × 10 sachets and **Orovite 25** tablet packs will be incorporated in display outers of 1 dozen. In addition, a special discount offer will be available to pharmacists on all the counter medicines during April and May. Credit for obsolete stocks will be considered in line with the company's normal terms of business.

Bencard will be holding a number of community pharmacy meetings in many parts of the country from April 1 onwards. Information will be available from representatives or from the company direct (01-560 5151 ext 3452).

Ciba Consumer Pharmaceuticals predict there will be a reduction in the number of scripts for topical nasal decongestants because the white list contains a limited choice of only ephedrine or xylometazoline drops.

Otrivine is the only xylometazoline product currently available. The company, naturally therefore, anticipates an increase in dispensing sales. "This situation is likely to last for up to six months," says brand manager Marcus Swalwell.

There will be an allied increase in OTC purchases as users can only obtain their preferred brand this way. At present 15 per cent of **Otrivine** sales are accounted for by prescriptions.

Reckitt & Colman have had some

reprieve as far as the list is concerned. Among its antacid brands only **Gaviscon granules** has been blacklisted, but the company intends to keep the product available for private prescription or OTC.

The compulsory price reduction under the PPRS has been applied wholly on **Gaviscon** tablets, says the company.

Senokot tablets have been blacklisted, but as they meet the BP specification for senna tablets the 1,000 tablet pack remains available for dispensing. The granules and syrup remain prescribable.

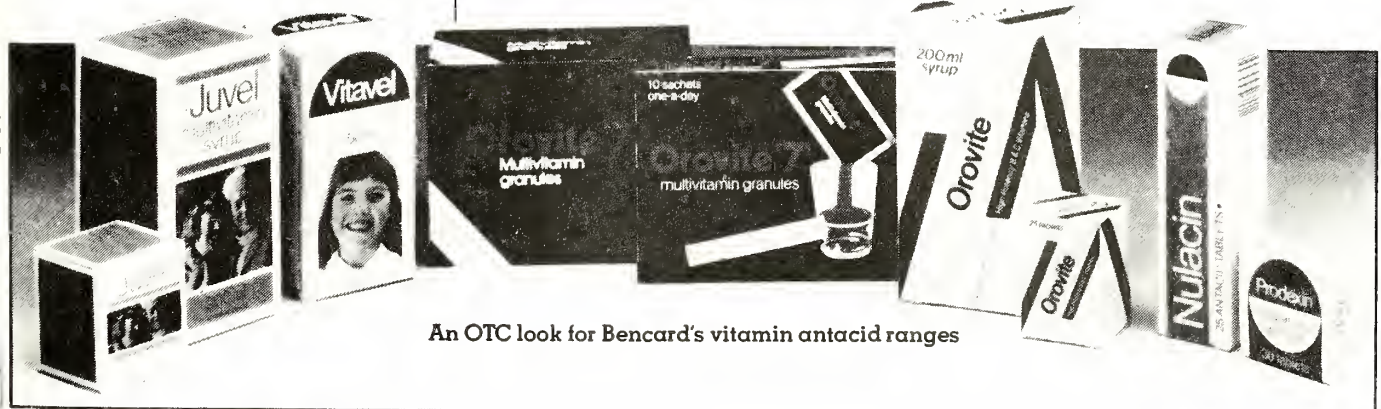
Codis tablets, on the other hand, do not conform to the BP specification for codeine and aspirin tablets as they contain 500mg and not 400mg aspirin. The dispensing packs are being discontinued (as with **Dispirin** and **Solprin**), but OTC packs remain.

The situation faced by **Larkhall Laboratories** typifies the confusion the blacklist caused when first announced. Four **Trufree** special diet products appeared on the proposed list. Two of these never existed and two were discounted over three years ago. Of the **Trufree** range of dietary flours, numbers 1,2,3,4,5,6, and 7 remain on prescription.

Riker say their plan is to continue to provide patients with ethical pharmaceuticals available through the NHS. Even before the Government took its action it was planned to introduce the 100ml bottle of **Dorbanex**, the company says. The pack is ideally suited for OTC recommendations.

The only **Riker** products affected by the blacklist are **Norgesic**, **Pholtex** and **Titralac**. There are no immediate plans for OTC promotion of these products.

"Our view of the limited list can be summarised, probably in one word — confusion. The public will have to pay more for some of their treatments, they will need to become more health, drug and disease aware, the pharmacist could well be faced with referred problems from the doctor, and there will be inevitable changes in doctors' prescribing habits," says John Sampson, marketing manager.



An OTC look for Bencard's vitamin antacid ranges

LIMITED LIST



Duphar are putting an additional label on Duphalac stating it is lactulose solution BP. From April 1 it will be priced in line with the Drug Tariff (300ml, £1.94; 1 litre £5.82).

An alternative lactulose product available from Sandoz, under the brand name Gatinar. Sandoz has decided to drop the brand name, and from April 1 the product will be simply lactulose solution BP Sandoz (also at Tariff prices).

Frisium, from Hoechst, has been made a special case, and is the only drug covered by Schedule 3B of the Amendment Regulations. Although used primarily as an anxiolytic, it has since March 1982 been prescribed as adjunctive therapy for the control of resistant epilepsy.

In order to cater for the demand which is anticipated for private prescriptions, Hoechst will introduce new 30x10mg capsule packs (£1.94 trade) by the beginning of May.

Dihydrocodeine tablets, and dihydrocodeine and paracetamol tablets are included in the white list. Duncan Flockhart claim their DF118 and Paramol tablets are currently the only versions available.

The demand for dihydrocodeine products is likely to increase as several analgesics are now excluded, the company says. "In this context we are increasing our promotional support for DF118 and Paramol, and have increased production to ensure that increased demand is met," says medical services manager Mr P. Ashmore.

Upjohn are pleased their product Halcion for the moment remains available as the only form of triazolam tablets. However the company views the decision to blacklist Xanax, with great concern.

Loss of revenue from sales of Xanax is estimated to be in the region of £2m per annum. Managing director Geoff Rodgers points out that this loss cannot be measured in sales terms alone. "The implications of a loss of current or potential business will be reflected in any decision concerning future investments by Upjohn in the UK market."

Bricanyl expectorant and compound tablets are now on the restricted list, although they were not on the original list released last November. "Their inclusion on the list now has come as rather a surprise," says Dr R. Boyers, Astra's director of clinical research.

This may be serious for asthmatic, bronchitic or emphysemic patients — approximately 80,000 prescriptions for Bricanyl expectorant were written last year, and of these 69 per cent were for either asthma or bronchitis and only 5 per cent for cough alone.

Bricanyl is not indicated and has never been promoted for the treatment of common coughs, says Dr Boyers.

Astra are currently appealing against

this situation, and recommending in the meantime that GPs change patients to Bricanyl Syrup which continues to be available.

A.H. Robins claim to have realigned their Dimotane cough medicine range to fulfil the needs of a changing market place.

Robins believe they have found a solution which will "benefit all parties." The GP, by writing a private prescription, saves the patient paying VAT. The patient pays little or no more for the product than he would by paying his NHS prescription charge, and yet he gets sufficient product for up to a week's treatment. Finally, the pharmacist receives remuneration in excess of his normal NHS payments. The range is available in new 100ml and 200ml packs.

Dista Products Ltd are establishing a free telephone information service — by dialling 100 and asking for Freephone Dista, callers will receive up-to-date information on Distalgesic and the Government's restrictions on prescribing.

Although Tranxene has been blacklisted Boehringer-Ingelheim say they will continue to meet their obligations to supply the product for use on private prescription. The company plans to introduce a new 20 day dispensing pack at a probable price to the patient of £2.18 and £2.03 for the 15mg and 7.5mg strengths respectively.

Boehringer Ingelheim's OTC subsidiary Windsor Pharmaceuticals have

taken over Dulcolax, now blacklisted, and are promoting products to the public from April. "The limited list proposals give us an opportunity to exploit the full potential of what is already a big brand in the laxative market," says John Woodford.

Smith Kline & French are discontinuing Neuro-Phosphates. The decision is a direct result of the blacklist and it is with reluctance that the company has been obliged to take this action, say SK&F.

Berk Pharmaceuticals feel the blacklisting of Asilone will create a therapeutic dilemma for doctors in prescribing an alternative preparation. From April 1 two new OTC packs of Asilone will be launched — a 30 tablet pack (£2) and a 300ml suspension (£2). Demand for these packs will be stimulated by Berk representatives who will continue to promote Asilone to doctors. They will also provide a pharmacy support package to encourage OTC purchase.

Roche are planning no changes in their range, pack sizes or prices after April 1. A spokesman said blacklisted products would be promoted through GPs for private prescription.

"We still believe we have a viable future in the UK. Roche are to maintain production and R&D facilities here." Further redundancy notices were announced last week affecting 85 employees. One hundred redundancies were made last November, and 50 vacant posts since left unfilled.

Generic sales may suffer

The limited list is getting a mixed reception from generic manufacturers. It is welcomed as a stimulus to business on the one hand, but seen as a threat to long term prospects on the other.

Mr Keith Hemingway, managing director of Approved Prescription Services, says he does not welcome the list, but that it is not as devastating as it could have been.

In the short term it may boost sales but the research-based industry will inevitably suffer, he feels. That in turn could have repercussions for generic suppliers, who may eventually have fewer new drugs to provide in generic form in ten or 20 years.

Mr Hemingway, like others in the industry, feels that once the "list principle" is established it could well be expanded into other therapeutic areas, making planning very difficult. Similarly if there is a sudden surge in demand for generic products, which companies cannot immediately meet, it could be very embarrassing.

Basically, suppliers would rather be left alone, Mr Hemingway says. The list coupled

with the changes to the Prescription Price Regulation Scheme and the HD endorsement scheme have been very unsettling. "We would rather see a period of stability."

Mrs G.M.J. Court, marketing planning manager of Cox Pharmaceuticals, takes a slightly different view. She is confident the limited list will boost generic sales, particularly in areas such as the benzodiazepines. The company can possibly be a little more confident than others with the price for dextro-propoxyphene and paracetamol tablets being based on Cosalgesic, now available in generic form.

Mrs Court does not think there will be much of a threat to research: "If areas such as antibiotics were affected then research and patient care would be more likely to suffer."

Generic companies may suffer as more companies move into the field, Mrs Court says. She also fears a price war in perhaps six to 12 months, although that should not happen if everyone sticks to the 12 per cent-off Drug Tariff prices, thus avoiding the HD endorsement trap.

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April start for Benylin TV campaign

Warner Lambert have lost 11 NHS prescribable products to the blacklist. NHS sales of those products were worth £6.5m last year. The company has responded with television advertising for its leading Benylin range.

Although the company disagrees with the limitations imposed by the list, it is looking to develop OTC market opportunities. So from April 1 Benylin expectorant will be advertised on television in the London TV region in a £300,000 six week burst, in what could be a prelude to a national campaign next Winter. Benylin Paediatric will be featured on Yorkshire television. Both advertisements conclude with shots of the whole range.

Marketing manager David O'Sullivan believes the list will accelerate the trend to self-medication. "Consequently, the role of the pharmacist in terms of recommendation and advice becomes even more important."

Television has been chosen to advertise Benylin as the "prestige media for a prestige product". The advertisement has a "authoritative, serious" tone, and will attract customers only to the pharmacy, unlike TV advertisements for GSL products, says Mr O'Sullivan.

Mr O'Sullivan says the company has no plans to alter Benylin terms. The sell-in for Winter '85 begins next week, and will feature

the same quantity discounts as last year. Representatives have not got inflated sales targets, he says, but he does expect the OTC market to grow by between 10 and 30 per cent and for Benylin to maintain or increase its share.

Benylin sales are 15:1 in favour of the small pack at present, although the new 300ml pack should now take a larger slice of sales. New POS will back the brand and the packaging will be modified slightly to create "pack synergy" with other Warner Lambert brands.

The company will be backing another of its blacklist products, Veganin, with a £150,000 television campaign in the Granada region from May. The product now has sales of around £3m at rsp, 4 per cent of the £70m OTC analgesic market. About 100,000 NHS scripts are written annually for Veganin.

The company is still evaluating plans for Metatone, which has around 20 per cent of a £7.5m market for tonics. Warner Lambert expect OTC sales to increase following the loss of 350,000 NHS scripts per annum.

Small companies lose business all round

The uncertainty caused by the limited list has created havoc among smaller manufacturers.

At Sinclair Pharmaceuticals, business had dropped by half even before the blacklist was published. Speaking to C&D a fortnight ago managing director Andrew Sinclair said he had already made people redundant. The list as published affects 50 per cent of his products.

Mr Sinclair is also getting very little help from the Department of Health to clarify his worries. "We have not had a reply to any of our letters. We need to know where we are," he said. "We have an expanding export business, but we see the home market contracting. We are a small company."

Sinclair are planning to bring out OTC packs of their cough mixture and tonic. "But we have not had enough time to develop them. If you weren't dealing with Government perhaps you could sue someone," said Mr Sinclair. "It's a very clumsy way to deal with industry. We do supply a number of fairly essential drugs, for things like lead poisoning. Our efforts have been negated by the Government's decision."

"Two years ago we had prices frozen — a blanket freeze which affected us when we were trying to expand. It's just not the way to encourage small business."

Companies who stand to lose money on blacklisted branded products may be tempted to bonus them to pharmacists at below the generic price. "But I don't think they appreciate the HD endorsement requirements," Mr Court adds.

One way round the problem of HD endorsement is to set up a wholesale company to buy products at a large discount (25 per cent plus) and then invoice them to retail outlets at Drug Tariff less 12 per cent, Mrs Court says. Some companies are already doing just this.

Mr John Whitworth of Doncaster Pharmaceuticals, agrees the list will boost business. He is already seeing an upsurge in orders for white list products. The company is building up stocks but Mr Whitworth believes there are bound to be some medicines that will be in short supply, oxazepam for example. He also thinks the list idea is ludicrous.

Once products go onto the Drug Tariff, they have to be priced within 12 per cent of Drug Tariff price to avoid the HD endorsement scheme. Mr Whitworth says that means most generic prices will go up once the products are included in the Tariff.

"More thought should have gone into the list." As for branded products being bonused at low prices, Mr Whitworth says that will not worry him: "It happens already".

Pharmacists may lose out on OTC

Beecham are fearful the pharmacist may lose out on the expected boom in OTC medicine sales following the introduction of the blacklist if he does not improve the merchandising of his medicines, his environment and his image.

Peter Glyn Jones, general manager, sales and marketing, at Beecham Proprietary Medicines, says the pharmacist is now much more readily available outside the dispensary, but needs to raise his profile further in the months ahead.

"We believe the greatest support we can give the pharmacist is to keep advertising our brands heavily in order to keep them buoyant." But he says the company remains committed to selling medicines "wherever we are allowed to" and because "someone wants to buy them".

He is concerned that pharmacists sometimes fail to get behind P brands — he cites the demise of large packs of analgesics as an example. But he says pharmacists will now have a better opportunity for promoting P brands, and manufacturers should, therefore, be encouraged to give those brands the advertising support they deserve.

Important announcement for N.H.S. patients

NEW PRESCRIPTION DISPENSING
The changes to the NHS list of medicines have been agreed by the Department of Health. This means that some medicines will no longer be available on the NHS list. This is a change to the way the NHS operates. It is not a change to the quality of the medicines you receive.

NEW PRESCRIPTION DISPENSING
There is now only a limited list of medicines available on the NHS. This means that some medicines will no longer be available on the NHS list. This is a change to the way the NHS operates. It is not a change to the quality of the medicines you receive.

NEW PRESCRIPTION DISPENSING
There is now only a limited list of medicines available on the NHS. This means that some medicines will no longer be available on the NHS list. This is a change to the way the NHS operates. It is not a change to the quality of the medicines you receive.

Solpadol
The new Solpadol tablets are available on the NHS list. This means that you can still get your Solpadol tablets on the NHS list. This is a change to the way the NHS operates. It is not a change to the quality of the medicines you receive.

For professional advice on medicines consult your pharmacist

Winpharm have produced a window display kit to explain the April 1 changes to patients. Bernard Hardisty says: "From the beginning of April the pharmacist, more than anyone else, will be bearing the brunt of complaints. The confusion will be considerable." The easily assembled kit, 3ft 3in x 2ft 6ins will be mailed direct to pharmacists this week. Anyone who has not received one should ring Winpharm on Guildford (0483) 505515.

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N.H.S. Limited List Benzodiazepines Sedatives & Tranquillizers

To cope with the expected demand for **Xanax** on private prescription, from April 1st, **Xanax** will be available in new blister packs of 60 tablets both 0.25mg and 0.5mg strengths.

The list price is as below:

Xanax 60 × 0.25mg = £2.17
Xanax 60 × 0.5 mg = £4.16

Applying the usual 50% on cost formula to calculate private prescription dispensing charges, the maximum recommended prices to patients are as follows:

Price to Patients

Xanax 60 × 0.25mg = £3.25
Xanax 60 × 0.5 mg = £6.25

To ensure the continuing success of **Xanax** and communicate its benefits in the treatment of both anxiety and anxiety associated with depression, we shall continue to support **Xanax** both through our salesforce and by mail and journal advertising campaigns.



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Chaos follows hasty legislation

Wholesalers must be getting used to Government inspired money saving exercises wreaking havoc with their efforts to make ends meet. Three wholesalers air their opinions on what the limited list has meant to them.

The question of dead stock is one that must be concerning retailers. "Order, counter-order and disorder," is how Mr Ossie Logan, chairman of the National Association of Pharmaceutical Distributors, describes the situation. "Members have got no authorisation to take back stock from chemists for limited list items," he says categorically.

Yet representatives from some companies would appear to be telling retailers they can do exactly that.

Community pharmacists would be well advised to check with their wholesaler before sending back any stock for credit, that the manufacturer has given authorisation.

A letter sent to Unichem members earlier this month says that while the company will continue to lobby the DHSS and manufacturers to credit retail stocks, "it must be said that at this moment there is no procedure for sending back lines to wholesalers for credit." Items sent in for credit will be returned to source, the letter says.

That situation still stands, managing director Peter Dodd told *C&D* on Monday. Manufacturers had made it quite clear, he said, that while they were prepared to accept back stock from wholesalers, that the situation did not extend to community pharmacists. However he feels the only retailers who are likely to have problems are those who have bought direct.

then controlling their implementation to avoid unacceptable losses, while endeavouring to maintain a normal level of service.

Although many manufacturers, with some notable exceptions, have taken a responsible attitude towards these problems, we have not seen the "across the board" co-operation voiced by the national wholesalers, and must wonder if this has some significance. Regrettably, too, some suppliers appear more concerned with their own immediate profitability than the longer term effects that the backwash of these events will have on the distribution network and our future ability to maintain full-line services.

It seems generally agreed by all parties affected by this recent legislation that it was both inept and hasty, with rational argument brushed aside in favour of political dogma. Predictions of medicine shortages in March or April were not accepted, or ignored by the politicians who saw "adequate alternative medicine" in terms of formulations rather than supply. Yet it was bound to happen.

Only in February did John Patten advise that the Department of Health was "making enquiries to find out whether there is the possibility of any medicine being in short supply after April 1." But it was too late, because wholesale buying patterns had

already changed.

It will be some time before the market settles down. Pharmacies have run down stocks of limited list products and switched demand to small original packs. The statistical guides to wholesaler purchases and stock levels have been totally disrupted. Meanwhile there appears to have been excessive prescribing to ameliorate patients' needs, and we still have no knowledge as to what doctors will prescribe in April in place of the banned products.

What of the future? The National Association of Pharmaceutical Distributors say limited list prescribing will result in a 10 per cent reduction in turnover, and that the enforced price reduction should account for a further 2½ per cent. Although these losses will be offset by recent closures of yet more wholesaler depots and the resultant redistribution of their turnover, much will depend on wholesalers' ability to maintain viability in the face of further stock devaluation, unsaleable stocks and the reduced margins they are fighting hard to avoid. The understanding and co-operation of both customers and suppliers will be essential.

The smaller wholesalers have proved to be resilient in the past, and will no doubt prove to be so in the future, but the months ahead will be difficult for everyone, both large and small. However, if manufacturers have come to recognise the value of the independents during the present crisis then perhaps, in some small measure, the aggravation will have been worthwhile.

Time needed for market to settle



**Mr G.I. James, MD,
Richard Daniel & Son**

Whatever personal opinions we may have, pharmaceutical distributors can take no part in the political debate as to whether or not there should be a limited list.

Our function is to supply against, not influence, demand. The impact, however, on the already critical financial state of pharmacy wholesaling cannot be denied, particularly when combined with further price reductions, rising interest rates and increasing costs.

Smaller distributors have been faced, on this occasion, with an administrative nightmare. Firstly in ascertaining manufacturers' policies, both with regard to the limited list and price reductions, and

Consultation would have overcome problems



**Mr Peter Worling, MD,
Vestric Ltd**

While a considerable amount of debate has taken place on the effects of the limited list on the patient, manufacturer and community pharmacist, little attention has been paid to the total chaos this has brought to the pharmaceutical wholesaler.

The average wholesaler is at present carrying between five and six week's stocks. This means that a minimum period of six to eight weeks is necessary to enable wholesalers to change stock levels and deal with changes in demand.

Warning of the introduction of the list was given in November; but full details were not made available until February 21 and then further amended in early March. Based



on what can only be described as imprecise information, sales forecasts have now to be made on the changes in demand for some 600 products.

It is estimated the demand for some products will more than quadruple during March and April. Wholesalers have to commit themselves to buying significant extra quantities of these products with no precise information on the change in demand from April 1. The calculation of this demand has not been helped by the form of the blacklist which contains some very important items with significant sales among a large number of products, many of which only have a small demand.

The majority of the problems we are facing could have been overcome by a proper consultation period and the introduction of these changes over a period of time. An eight weeks' notice period after consultation, with a definitive list of products, would have enabled both community pharmacist and wholesaler to run down the stocks of blacklisted products and build up those which would continue to be prescribed and for which we could

forecast an increase in demand.

Once again the responsibility for ensuring continuity of supply has been thrown back on the good relationships which exist between wholesaler and manufacturer. The industry is fortunate that these relations are strong enough to ensure that any disruptions of supply will be reduced to the absolute minimum. Wholesalers certainly will be doing all they can to make sure they have a sufficient stock of the prescribable products available.

The long term effects of both the introduction of the list and a price reduction

of ethical pharmaceutical products, has yet to be fully realised. Estimates have been made of the reduction in market size, but time will tell how close these are to the truth. If, however, the present figures indicating a market reduction of some 10 per cent are true, this will lead to a reduction in wholesaler's profits of 10 per cent.

This can only mean further pressure on wholesalers' margins and a reduction in their discounts, so a service which is an essential and integral part of the NHS can continue to expand and develop at an acceptable level of profitability.



Mr David Wright, MD,
Macarthy's Ltd

Whole package an 'unpalatable mixture'

I would not wish to add to the many vitriolic comments uttered by the list's critics — other than to say that they are thoroughly justified.

It must be doubtful whether the savings will match Department of Health expectations, and an element of prescribing-up will reduce the "first-glance" loss of around 3 per cent in the value of pharmaceutical sales through wholesalers.

We have worked hard to contain losses on dead stock and are grateful for many manufacturers' assistance. This has not enabled us to minimise the dead stock problems created for pharmacists, but we would hope that the Pharmaceutical Services Negotiating Committee will obtain relief for them — in this respect PSNC's early favourable reactions to the proposals should justify an equally favourable response by the DHSS.

The uncertainty and understandable anxiety to avoid stock-losses have created a degree of premature stock-outs in the distribution chain. Last minute demand for some blacklisted products has fluctuated to an extent, due either to an issue of "delay the ban" prescriptions or that some wholesalers ran out of stock before others.

Accurate indications of the true demand for whitelisted products are uncertain at this stage. Changes in prescribing habits and the effects of direct selling activity by suppliers are but two factors which will influence the demand on wholesalers. These two factors will also influence the extent to which wholesalers can capture the "extra" business in OTC medicine sales.

Taken together with the price reductions emerging from the Pharmaceutical Price Regulation Scheme revision, the whole package is an unpalatable mixture for wholesalers — it reduces the sales value of the available business, and threatens gross margins if "ethical" prices are held down for any period of time.

When the Minister rejected the Association of the British Pharmaceutical Industry's counter-proposals to reduce NHS expenditure by cutting distribution costs, he showed that nobody is all bad! However, his Department's total dismissal of the wholesale dimension re stock losses arising from the blacklist and price reductions, indicates that they still regard the present pharmaceuticals distribution system as much better than they deem adequate. Of course they don't have to worry about the wholesalers making too much profit — excessive discounting to grow market share and consequential claw-back from contractors act almost as a self-regulating system of profit control!

One final thought. The blacklisted products may not do much better than others, but since they have satisfied the Medicines Act, they shouldn't do much harm either. The same guarantee cannot be claimed for a considerable volume of unlicensed products which are still being handled via parallel importers. Is not the Department's slow march on this problem in stark contrast to their gallop at the list?

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Diazepam Tablets 10mg	Lorazepam Tablets 2.5mg	Tolbutamide Tablets 500mg
Diethylcarbamazine Citrate 50mg	Metoclopramide Tablets 10mg	Trimethoprim Tablets 100mg



LIMITED LIST

The limited list — a dispensing guide

From April 1 many medicines in the following therapeutic groups, previously available on form FP10, will no longer be available under the NHS:-

Cough and cold remedies (including cough suppressants and demulcents, mucolytics, inhalations, systemic and topical nasal decongestants).

Antacids

Laxatives

Analgesics for mild or moderate pain

Vitamins

Tonics and bitters

Benzodiazepine and tranquillisers and sedatives

Certain ACBS preparations.

From April 1 doctors may not prescribe and pharmacists may not dispense items listed in Schedule 3A to the NHS (General Medical and Pharmaceutical Services) Regulations 1974 at NHS expense, ie "blacklist" or "Schedule 3A products."

The blacklist contains hundreds of preparations rarely, if ever, prescribed on the NHS, but in order to make it exhaustive these preparations have had to be included. The blacklist also contains a number of ACBS items which until now have been reimbursed by the NHS. The Pharmaceutical Services Negotiating Committee is making available to contractors a list of commonly prescribed medicines now on the blacklist, and a list of ACBS preparations now disallowed.

A list of blacklist products is contained in the Drug Tariff amendment for April 1 (DTA/4). A list of the products which remain available in the restricted groups (the white list) is contained in the amendment for March 1 (DTA/3).

The definitive list is the blacklist. The white list is for guidance only, suggesting what the DHSS would prefer to be ordered on form FP10.

A special provision in the new Regulations permits the prescriber to authorise the urgent supply of any drug (other than blacklist medicines and certain CDs) providing the correctly written form FP10 is forthcoming within 72 hours.

The prescribing and dispensing of extemporaneous preparations is permitted provided the FP10 script does not incorporate any blacklist products.

Blacklist products on FP10 forms which have not been dispensed should be crossed through and endorsed "Not dispensed."

Non-NHS scripts for blacklist products should be dispensed as if they were normal private prescriptions. PSNC advises

pharmacists to use the Pharmaceutical Society's recommended method for pricing private prescriptions. A new pricing chart has been prepared for distribution by April 1. Private dispensing takes 50 per cent longer than dispensing the equivalent NHS script and the amount chargeable should reflect this.

PSNC is very concerned that cut price dispensing should not be introduced.

The new Regulations make provision for named drugs to be prescribed to certain patients for certain conditions. The only drug currently in this category (Schedule 3B) is clobazam, which will be prescribable for epileptics. The prescriber must endorse the FP10 "S3B" — pharmacists should only dispense NHS scripts so endorsed.

Prescriptions issued before April 1 for blacklist drugs may be dispensed before May 1 and payment will be certified by the PPA.

Note the following are deleted from the Dental List from April 1:

Diazepam capsules (all strengths)

Nitrazepam capsules

Menthol & benzoin inhalation

Aspirin, paracetamol and codeine tablets DPF

Codeine & paracetamol tablets, dispersible DPF

PSNC is anxious that pharmacists dispensing or selling blacklist preparations should not undervalue the professional advice given to patients. PSNC is distributing a showcard explaining the changes to patients, and a supply of leaflets LL1 which can be used for returning disallowed scripts to the prescriber for amendment.

The Department of Health is distributing patient information leaflets to insert with dispensed medicines.

Doctors may not issue NHS scripts for blacklist products. They will, however, be able to issue private prescriptions to NHS patients for blacklist products to be used in the course of NHS treatment. They will not be able to charge a fee for such a prescription and it may not be written on form FP10. Doctors must ensure that, before issuing a private script, the patient fully understands the arrangement, including the fact he or she will have to pay for the drugs at the pharmacy.

Dispensing doctors will be able to supply and charge for blacklist products to patients on their dispensing lists when they are prescribed as part of the NHS treatment of those patients.

Points

■ If a blacklisted medicine is ordered by its formula it can be dispensed provided none of the individual ingredients are in the blacklist. You will be paid the ingredient costs plus an extemp fee (provided the script is correctly endorsed).

■ If a script is presented with both blacklist and permitted medicines on it, cross out the blacklist items and dispense as normal. An alternative to the blacklist item can be given after phoning the GP, with promise of a script within 72 hours.

■ If an approved generic is ordered by an abbreviated name, the full name should be endorsed on the script. (PSNC is making representations to the DHSS and PPA in order that commonly used abbreviations on scripts will, in the short term, be accepted for payment.)

■ If there is only one form of the white list medicine available (eg Triazolam tablets — Halcion or chlordiazepoxide capsules — Librium), or to put it another way, no generic equivalent, only a blacklisted branded product, the branded form is to be dispensed until such time as manufacturers

Concluded on p659

Approved names for compound preparations

These names will be formally adopted as British Approved Names for non-proprietary preparations cited in the white list with effect from June 1 (subject to the outcome of trade mark conflict inquiries currently in hand). The DHSS is encouraging their use as soon as practicable.

Compound preparations in the antacid category are being given further study prior to the adoption of a further set of names.

British

Approved

Name	Definition
Co-codamol:	Compounded preparations of codeine phosphate and paracetamol in the proportions 2:125. <i>Analgesic</i>
Co-codaprin:	Compounded preparations of codeine phosphate and aspirin in the proportions 1:50. <i>Analgesic</i>
Co-danthramer:	Compounded preparations of danthron and poloxamer 188 in the proportions 1:8 (DORBANEX). <i>Stimulant laxative</i>
Co-danthrusate:	Compounded preparations of danthron and docusate sodium in the proportions 5:6 (NORMAX). <i>Stimulant laxative</i>
Co-dydramol:	Compounded preparations of dihydrocodeine tartrate and paracetamol in the proportions 1:50. <i>Analgesic</i>
Co-proxamol:	Compounded preparations of dextropropoxyphene hydrochloride and paracetamol in the proportions 1:10 (COSALGESIC; DEXTROGESIC; DISTALGESIC). <i>Analgesic</i>

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The white list

Cox cut out the confusion


Note 2: No need to wait for a non proprietary preparation. High quality generic dextropropoxyphene 32.5mg/paracetamol 325mg combination is available immediately from Cox Pharmaceuticals.

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A man with short, light-colored hair, seen from behind, is sitting on a sandy beach. He is wearing a white, long-sleeved button-down shirt. In the foreground, to the left of the man, is a glass mug filled with a golden beer topped with a thick white head of foam. The background consists of a calm, light blue ocean meeting a bright blue sky with scattered white clouds. Several palm trees are visible on the horizon line. The overall scene is peaceful and suggests a vacation or a moment of relaxation.

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References:

1. Orehek J et al. Patient error in use of bronchodilator metered aerosols. Br Med J 1976, Jan. 10-76.
2. Earis JE, Bernstein A. Misuse of pressurised nebulisers. Br Med J 1978, June 10: 1554.
3. Paterson IC, Crompton GK. Use of pressurised aerosols by asthmatic patients. Br Med J 1976, Jan. 10-76-77.
4. Coady TJ et al. Synchronization of bronchodilator release. Practitioner 1976;217:273-75.



Dispensing guide
continued from p659

produce a generic version which is freely available through wholesalers.

■ If a script is received for a generic preparation included in the white list, with a manufacturers name appended, the branded product cannot be dispensed if it is blacklisted. You may, however, dispense the generic (white list) version without referring back to the prescriber.

■ Doctors cannot write private prescriptions on form FP10, nor can patients request pharmacists to "convert" FP10 scripts for blacklist items into private prescriptions. The FP10 form is the property of the Family Practitioner Committee and cannot be used for a purpose for which it was not intended.

■ Stocks of blacklisted branded products (eg Valium) can be used up to fill generic white list scripts, but reimbursement will be at the Drug Tariff rate for diazepam, not Valium.

■ Scripts ordering a blacklist brand by name, even when it is the only preparation currently available (eg triazolam tablets — Halcion) cannot be dispensed. They must be referred back to the prescriber for him to change the order to the generic (white list) form.

■ All proprietary brands of benzodiazepine preparations are in the blacklist.

■ Scripts for blacklist branded items (eg Mogadon) cannot be endorsed "prescriber contacted" and the generic equivalent given (eg PC — nitrazepam supplied). The "PC" endorsement is only intended for use when the quantity to be supplied or the strength has not been given. The script should be returned to the prescriber.

■ The price for dextropropoxyphene and paracetamol tablets has been set at £1.84 in Part VIII of the Drug Tariff. At present it would appear that Distalgesic will not be reduced in price from £2.40. Contractors unable to supply Cosalgesic (which may be unavailable due to increased demand) should endorse the script Distalgesic. The PPA will reimburse them in the short term at £2.40/100 tablets.

■ When using the blacklist pharmacists should be aware some products in the blacklist have been discontinued. Some have been issued licences but have yet to be marketed.

A number of products in the list may have incorrectly described or spelt brand names. *C&D* understands this does not give an excuse to dispense the product. There are a number of abbreviated formulas in the list (eg D002 caps, E031 caps, Tabs to formula B213). These are special formula preparations used primarily by private health clubs and clinics. They have had to be included for completeness.

Chemist & Druggist 30 March 1985

Red tape report for jobs in small businesses

Government proposals on reducing red tape for small businesses were about to be published in Green Paper form as *C&D* went to Press.

The "burdens" report, drawn up with the help of seven Government Departments and co-ordinated by small firms minister David Trippier, looks at ways of cutting legislative requirements in areas such as minimum wages, unfair dismissal and planning permission.

Its conclusions, and those of the consultative Green Paper, will be passed to Lord Young's Enterprise Unit for action. Lord Young, late of the Manpower Services Commission, is Minister Without Portfolio in the current Cabinet.

The Government has also decided to streamline their 64 schemes to support small businesses, thinking being that the current package is too complex. The new collection of measures will be divided under the headings of investment, advice, innovation and exports.

Prime Minister Margaret Thatcher used a speech last weekend to Newcastle Conservative Council to set out a six point to create jobs in small companies.

Her priorities were to make it easier for employers to take on more people to eliminate regulations which hinder business, to improve training for the young, to complete the current social security review, to extend business and property ownership and to tackle the problems of inner cities.

Chancellor Nigel Lawson's recent Budget measures included a reduction in National Insurance contributions covering the lower paid, a relaxation in the law on unfair dismissal and the publication of a Green Paper recommending a reduction in the power of wages councils.

Political commentators attribute the Government's action on this front to concern that their record on unemployment could prove a serious vote-loser at the next General Election.

Macarthys close at Cheltenham

Macarthys are closing their Cheltenham branch at the end of April.

Managing director David Wright, MPS, says he is confident the company will retain most of Cheltenham's business through its Redditch, Wembley or Bristol depots.

"This is not a withdrawal from

wholesaling" he says. "The decision was prompted by a shortage of space at Cheltenham, and the fact that we had spare capacity elsewhere."

Staff will be deployed to nearby depots where possible, although there will be some redundancies.

Macarthys Pharmaceuticals' last annual report said rationalisation in their distribution network could be expected to continue throughout 1985 and into next year.

Mr Wright says there are currently no plans for further closures.

Reckitt bust the billion

Reckitt & Colman increased profits before tax by 19.9 per cent to £106.4m in 1984, on sales up 14.6 per cent at £1,124.4m.

The sales increase shows real volume growth across all product groups, says chairman Sir James Cleminson.

The main contribution came from foods and wine, with sales of £472.37m generating pre-tax profit of £26.3m.

Household and toiletry products came next, with sales reaching £419.89m (1983: £367.24m), and profits £44.81m (£39.56m). Pharmaceuticals brought in

£24.49m (£20.67m), on sales up £11.64m at £114.71m.

The group gained market share with several of their household ranges, notably lavatory care products and air fresheners. They are currently working on integrating Airwick, bought from Ciba Geigy at the end of last year.

Pharmaceuticals 18.5 per cent increase in profits was achieved despite "rapid deterioration" in the UK climate.

Their remaining profit margin, following the latest 2.5 per cent cut in the PPRS, is 4.5 per cent, they say.

The original limited list threatened to remove several important R&C products from NHS prescribing, although Gaviscon, Fybogel and Senokot have all since been given a reprieve.

Toiletries lead profits boost for Smith & Nephew

Smith & Nephew increased pre-tax profits by 24 per cent to £55.5m in 1984, on sales up 19 per cent at £374.1m.

Medical and healthcare products, the group's core business, made the leading contribution, with sales of £190m (1983: £158.4m) and profits of £30.9m at the operating level (£25.3m). This division produced the second highest profit margin for the company, with a figure of 16.3 per cent.

Biggest margin (20 per cent) came from toiletries, which company secretary John Rennocks says had an excellent year. "We had a very good Summer of course"

he adds, "but also made volume gains in Nivea and Atrixo". Toiletry sales reached £25m (£20.7m), generating profits of £5m (£3.3m).

The company's personal hygiene operation — with a "somewhat disappointing" performance — accounted for £40.4m of sales (£40.5m), and contributed a static £4.8m to profits.

The textile division brought in £4.9m (£4.3m), on sales of £39.4m (£36.8m). Plastics and tapes account for the remainder.

"It's hard to single out any particular product's success" says John Rennocks. "Although we did pick up market share on the consumer side with Elastoplast".

Kingswood is 'trading well'

Booker Health Products, who own Kingswood Chemists and Holland & Barrett, increased UK profits by 23 per cent in 1984.

Profits for the health products division including US interests, rose from £3.2m to £3.5m, with turnover up from £88.8m to £102.6m. "UK profits are shared evenly between the two retail businesses and both are trading well" says chief executive Angus McKenzie.

Booker McConnell Group had pre-tax profits up 47 per cent to £36.8m, with turnover up from £1,032 to £1,097m.

List 'destroys confidence'

The limited list has "completely destroyed confidence between industry and Government", says Dominik von Winterfeldt, chairman of Hoechst UK.

The whole episode would make Hoechst pause to reflect and consider before investing further in the UK, he said.

"Once confidence and credibility have been lost they could take years to regain." But he acknowledged the recent acquisition of Arthur H. Cox & Co Ltd, with its strength in generics, might help to offset some of the damage.

Sales of the whole UK group increased by 9 per cent to £571m. Trading profits

more than doubled from £4.4m to £11.5m.

Sales of pharmaceuticals and diagnostics to the NHS in 1984 were about £21.5m. Chemicals account for 41.2 per cent of the group's turnover.

Budget concern on pay and VAT

In the week following Chancellor Nigel Lawson's 1985 Budget, concern is centreing on his proposals to reduce the power of wage councils and proposals for a system of instant fines for late payers of VAT.

The National Pharmaceutical Association's position is that wage councils should be retained as a means of preventing exploitation, but no longer cover workers under 21.

"We would recommend that wage councils become straight negotiating bodies between employer and employee" explains NPA director Tim Astill. "The independent members should be removed, and the councils deal purely and simply with pay — not overtime and all the ancillary bits and pieces."

The NPA don't deal directly with a wages council, but the trade union side of the Joint Industrial Council for retail pharmacy tend to use wage council levels as a bargaining counter.

Mr Astill is also concerned that removing the old earnings ceiling of £265 per week for employee's National Insurance contributions will hit small businessmen who run their business as a



Richard Daniel, manufacturing chemist, have made the first shipment toward a £350,000 order for ophthalmic medicines for Ghana's Ministry of Health. The total shipment comprises some 2 million packs of various eye drops and ointments, manufactured in the company's Derby factory, back in action after a fire in December 1982

limited company — perhaps with themselves as sole director.

"He may be clobbered quite hard on the salary he pays himself" says Mr Astill.

USDAW, the shopworkers' union, says abolition of the wages councils would mean returning to "a Dickensian world".

The Keith report on VAT enforcement, published last year, suggests imposing on-the-spot fines ranging from between 5 to 30 per cent of the tax due on persistent late payers. It would also provide for the charging of interest on overdue payments, and give VAT inspectors wider powers to inspect business records. At any given time, some £1.2 billion of VAT is overdue.

EVENTS

Monday, April 1

East Metropolitan Branch, Pharmaceutical Society. Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead E11, at 7.30pm. General meeting followed by cheese and wine.

Wednesday, April 3

North Staffordshire Branch, National Pharmaceutical Association. North Stafford Hotel, Stoke-on-Trent, at 7.45pm. General meeting, followed by short presentation by Bencard Ltd, who are also supplying the buffet. Discussions on problems over the limited list. For catering purposes ring (0782) 22531 if you wish to attend.

Worthing and West Sussex Branches, National Pharmaceutical Association. Postgraduate Medical Centre, Worthing Hospital, Holmfield Road, at 8pm. Speaker: Tim Astill, NPA director.

Thursday, April 4

Hull Pharmacists' Association. Hull Royal Infirmary, at 7.45pm. General meeting.

Weald of Kent Branch, Pharmaceutical Society. postgraduate centre, Kent & Sussex Hospital, Tunbridge Wells, at 8pm. Annual general meeting.

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PSNI Fellows honoured

Presentation of Fellowship certificates to three distinguished pharmacists was the highlight of last week's president's dinner of the Pharmaceutical Society of Northern Ireland — the ladies came out 2-1 winners.

The recipients were Henry Caughey, a community pharmacist from Dromore, co Down, Muriel Singleton, lecturer in pharmacy at The Queen's University of Belfast and former president Margaret Watson, now a community pharmacist at Market Hill (see *C&D* February 9, for their career details).

The president, Dr John Swanton, said the three Fellows had made outstanding contributions to pharmacy in widely different ways. Mr Caughey, secretary of the Lurgan, Portadown and Armagh Branch of the Society since 1967, had been a "very strong force" in the running of a most successful branch which owed much to his energy, enthusiasm and dedication. Mrs Singleton commanded the greatest respect from both her students and the staff for her work as head of practice research. She had also contributed widely as a member of many key committees in Northern Ireland and was the youngest ever Fellow of the Society. And Miss Watson was noted for her interest in many aspects of pharmacy and had worked in community, hospital and manufacturing pharmacy. In her presidential year, she had jointly opened the new building at Queen's with David Sharpe, then president of the PSGB. A key role was in advising the Society on the supply of veterinary and agricultural chemicals.

Responding to the toast to the guests, Mr Geoff Booth, vice-president of the Pharmaceutical Society of Great Britain, said in future he would try to develop much closer relationships between pharmaceutical organisations on this side of the water and those in Great Britain. Dr Booth said that, with the introduction of the limited list, he remained more convinced that the NHS could not be safely left to politicians without the greatest vigilance by the health care professions.

Miss Teresa Landers, president of the Pharmaceutical Society of Ireland and a hospital pharmacist, paid tribute to the help colleagues in the Province gave hospital pharmacists in Ireland.



Dr John Swanton, president PSNI (above) pictured with the Fellows and the certificates he had just presented. From the right: Henry Caughey, Margaret Watson and Muriel Singleton

Presidents all: from left to right: Geoff Booth, vice-president PSGB; Dr John Swanton, president PSNI; and Teresa Landers, president PSI



Pharmacists on the piste

Four British community pharmacists took part in this year's World Ski Cup for Pharmacists, held last week in Avoriaz, France.

They were Joe Cotter, a proprietor from Liverpool, Trevor Darke, a proprietor from South Shields, Tony Davies, a proprietor from Sheffield, and Alan Haycocks, who does locums in the South West.

None won any medals but Mr Haycocks came fifth overall and Mr Darke came eighth in the two slalom events for their respective age groups. Both have won medals in previous years.

Mr Cotter nobly completed the giant slalom but decided that discretion was a better alternative when it came to the special slalom where the gates are placed much closer together. Mr Davies, who was competing for the first time, finished the special slalom but was disqualified for missing out gates in the giant slalom when he "slid half-way down the mountain."

Over 100 pharmacists from seven countries took part. The event is held each year in a different European resort. Anyone interested in taking part next year, when the venue is likely to be Switzerland, should contact Madame Dominique Lecaillon, 15 Rue Armonville, 51100 Reims, France.

UKCPA elect

The Annual Meeting of the United Kingdom Clinical Pharmacy Association elected Miss C. M. Clark, Mr L. A. Goldberg, Mr S. A. Hudson, Mr G. J. Hurst and Dr R. Walker.

Together with Dr D. J. Anderson, Mr M. J. S. Spencer, Mr R. Swallow and Miss S. Tempest, they make up the Committee

for the forthcoming year.

Miss Clark was elected chairman; Mr Burden, secretary; Mr Hurst, treasurer; Miss Tempest, membership secretary; Mr Hudson, editor, and Mr Goldberg, external relations officer. Mr A. Shafford was co-opted onto the committee as the British representative of the European Society of Clinical Pharmacy.

CPP '85 award

The 1985 Geistlich Chester Award of the College of Pharmacy Practice has been made to Mrs Carole Angela Brown, staff pharmacist, Falkirk and District Royal Infirmary.

Mr Brown will use the award in research to try to prove conclusively that total parenteral nutrition regimes designed at the Royal Infirmary are stable and therefore safe for administration to patients.

Postscript

Thanks to Konica for raising a smile with their Press release for a new camera in their coloured Pop range — the Tomato.

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The launch date has yet to be finalised, but will probably be when the warmer weather arrives."

C&D's editorial desk was agog at the brilliance of such a marketing ploy. Until, that is, we noted the date at the top of the release... April 1.

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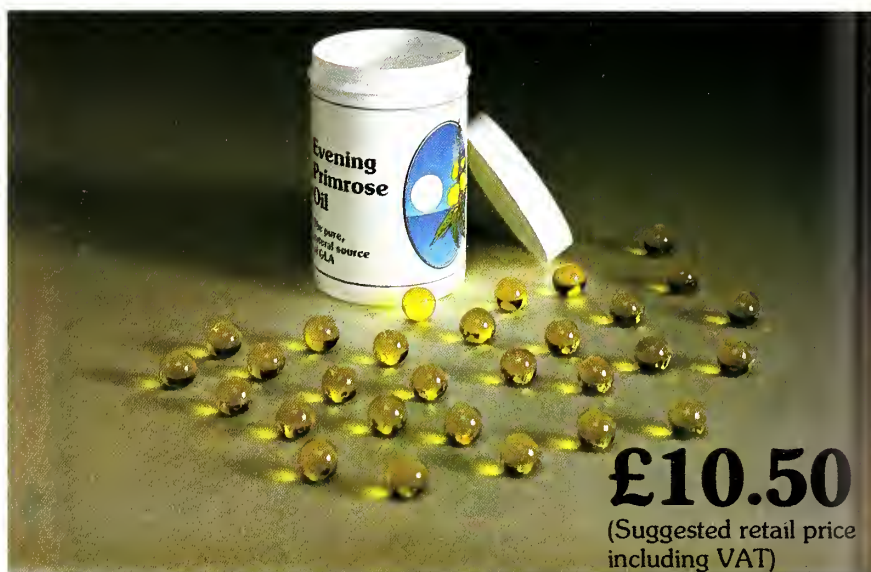


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